CITY OF SOMERSET
TRAVEL EXPENSE VOUCHER

Employee Name		Advancement	
Department		Reimbursement	
Date Submitted			
Date Requested By			

Date		Location		Purpose of Trip							
Month/Day	Year	Departure	Destination								
Time Of				Daily Expenses							
Departure	Return			Breakfast	Lunch	Dinner	Parking	Lodging	Mileage	Daily Total	

Date		Location		Purpose of Trip							
Month/Day	Year	Departure	Destination								
Time Of				Daily Expenses							
Departure	Return			Breakfast	Lunch	Dinner	Parking	Lodging	Mileage	Daily Total	

Date		Location		Purpose of Trip							
Month/Day	Year	Departure	Destination								
Time Of				Daily Expenses							
Departure	Return			Breakfast	Lunch	Dinner	Parking	Lodging	Mileage	Daily Total	

Date		Location		Purpose of Trip							
Month/Day	Year	Departure	Destination								
Time Of				Daily Expenses							
Departure	Return			Breakfast	Lunch	Dinner	Parking	Lodging	Mileage	Daily Total	

Date		Location		Purpose of Trip							
Month/Day	Year	Departure	Destination								
Time Of				Daily Expenses							
Departure	Return			Breakfast	Lunch	Dinner	Parking	Lodging	Mileage	Daily Total	

Total Number of Miles_____ @$.47 per mile=$_____

By signing below I certify the expenses listed above are valid and accurate to the best of my knowledge.
If mileage is claimed, I further certify a City of Somerset vehicle was not used during this time.

Employee Signature	**Department Head Approval**

Please attach receipts, registrations, brochures, and/or meetings agendas if applicable.

Finance Department Use Only			
Vendor #	Check #	Date Paid	Amount Paid