



CITY OF SOMERSET TRAVEL EXPENSE VOUCHER

Employee Name:
Department:
Date Submitted:
Date Requested By:

Advancement
 Reimbursement

Date		Location		Purpose of Trip						
		Departure	Destination							
Time Of				Daily Expenses						
Departure	Return			Breakfast	Lunch	Dinner	Parking	Lodging	Misc	Daily Total
Date		Location		Purpose of Trip						
		Departure	Destination							
Time Of				Daily Expenses						
Departure	Return			Breakfast	Lunch	Dinner	Parking	Lodging	Misc	Daily Total
Date		Location		Purpose of Trip						
		Departure	Destination							
Time Of				Daily Expenses						
Departure	Return			Breakfast	Lunch	Dinner	Parking	Lodging	Misc	Daily Total
Date		Location		Purpose of Trip						
		Departure	Destination							
Time Of				Daily Expenses						
Departure	Return			Breakfast	Lunch	Dinner	Parking	Lodging	Misc	Daily Total
Date		Location		Purpose of Trip						
		Departure	Destination							
Time Of				Daily Expenses						
Departure	Return			Breakfast	Lunch	Dinner	Parking	Lodging	Misc	Daily Total

Total Number of Miles _____ @ \$ _____ per mile = \$ _____
--

Grand Total:

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

Mayor/Executive Assistant/CFO/Department Head Approval

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

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