## CITY OF BINGEN REQUEST FOR TRAVEL FORM

Instructions:											
1.	Any travel resulting in an overnight(s) stay must be approved by the department supervisor and mayor in advance.										
2.	This form must be submitted at least 15 days prior to the date of travel to the mayor.										
3.	Advance payment shall only be made to vendors providing services such as registration, lodging and some transportation.										
4.	Supporting documentation must be presented at the time of request for travel including conference registration information.										
5.	In the expense Table, list type of expense (i.e. registration, lodging, meals), description of expense (i.e. Red Lion Inn, meals as needed, parking) and cost (including any taxes and/or other charges).										
Information:											
Employee Department											
Name of conference, meeting, etc.											
Location											
Departure Date Return Date											
Do you propose to use your personal vehicle? ☐ Yes ☐ No											
	( A T		se Table								
1	Type of Expense		Description		Cost						
		- 22			R						
	Estimated Amount of Travel Expenses										
I hereby certify that the travel expenses requested above will be incurred by me while on official City business.											
Employee Signature Date Signed											
Approved:											
C	F	-4- A	34		-						
Super	visor D	ate Approved	Mayor	Date A	pproved						

## CITY OF BINGEN CONFERENCE/TRAVEL ACCOUNTING FORM

Instru	ctions:												
1.	This form must be completed within 5 days from the date of travel, signed by the employee and supervisor and forwarded to the City Administrator												
2.	Reimbursement for meals and mileage shall be based on the City's Administrative Policy and Procedure – Travel and Meal Reimbursement.												
3.	Includes re	eceipts for a	II confer	ence and	i travel e	xpenses in	cluding r	neals charge	ed to City o	credit			
Infor	mation:							.00 					
Employee Department													
Name	of conferen	ce, meeting	z, etc										
Name of conference, meeting, etc													
Departure Date Return Date													
Did you use your personal vehicle? ☐ Yes ☐ No If yes, complete the following:													
Miles	Miles one way from City to conference, meeting, etc x cents/mile = \$												
				E	xpense ]	<b>Table</b>							
Date	Registration	Breakfast	Lunch	Dinner	Lodging	Mileage	Misc.	Prepaid Total	Credit Card Total	Total Reimburse- ment			
					-								
		<u> </u>	10							+87			
		, (i)							<del></del>				
									_				
							Totals			<u> </u>			
I here	by certify th	at the abo	ve repre	sents the	ose expe	nses incur	red by n	ne while on	official Ci	ity			
Emplo	oyee Signatu	re			•	Date Signed							
Appro	oved:												
Supervisor Date Approved						City Administrator Date Approved							