DOC ID #

CITY OF DULUTH TRAVEL CLAIM FORM

			INFOR	MATION S	ECTION					
Employee Name (Print)					Department/Division					
				-						
Destinatio	n									
Purpose o	f Trip									
	Departure				Return					
Date	·	Time		1	Date			Time		
						-				
			EXPENSE	SUMMAR	Y SECTION					
Attach					Column A Column B					
Original	Expense Summary				Expenses Paid by City			Employee Paid Expenses		
Receipt					P-Card	Amount		Amount		
Х	Registration									
Х	Air Fare									
Х	Transportation to/from ai	irport								
	Mileage	@		=						
Х	Transportation at Destination - Itemize below									
Х	Lodging									
	Meals (per diem less provided meals) - Itemize below									
	Per diem rate schedule as set by the Federal Govt at:				https:	//www.gsa.go	v/travel/plan-	-book/per-dier	m-rates	
Х	Miscellaneous Expenses -	explain below			]					
					Total					
					Total Tra	vel Expenses (	Column A + B)	)		
		Subtract Exp	enses Pre-paid	by City (from	travel advance	form and p-c	ard payments)	)		
			Net Expenses	(Total Travel	Expenses minu	ıs Expenses Pr	e-Paid by City)	)		
	Subtract any re	eimbusements/	travel advance	e (Attach a cop	y of the Travel	Advance Forn	n if applicable)	)		
	Total Reimbursement									
Fund	Dept		Div		Cost Ctr		Object		\$	
Fund	Dept		Div		Cost Ctr		Object		\$	
Fund	Dept		Div		Cost Ctr		Object		\$	
Fund	Dept		Div		Cost Ctr		Object		\$	
Additional C	comments (use attachments	s if necessary):								
		Sun	Mon	Tues	Weds	Thurs	Fri	Sat	Total	
Meal per diem - amount per day			1							
Transportatio	n costs - amount per day		1	l			l			
4		1	1		1	1		4		

By signing below, I certify that the above information is true and correct to the best of my knowledge. I understand that falsifying

expense reports may result in diciplinary actions up to and including termination.

Traveler Signature:	Date:					
Dept Travel Approver Name:						
Approver Signature:	Date:					

## **Travel Claim Form Instructions**

This form is to be used to itemize costs incurred for either an out-of-state trip, or an in-state trip with an overnight stay. All costs related to the trip should be included on this form: Expenses pre-paid directly by the City, P-Card payments, pre-payments reimbursed to the traveler by the City, and any out-of-pocket expenses incurred, whether covered by a travel advance or paid by the traveler.

This form must be completed, signed, approved (attaching all necessary documentation) and turned in to the Finance Department within 30 calendar days of returning from the trip.

The **DOCUMENT ID #** is the travel number assigned by the department. It consists of the 3 or 4-digit department/division number, the letter "T", the 2-digit year, and a 3 or 4-digit sequence number. It should match the number used on the related travel advance form.

The **INFORMATION SECTION** should include all required data.

The **EXPENSE SUMMARY SECTION** should include all cost incurred in each expense category—Registration, Air Fare, Transportation, Mileage, Lodging, Meals and Miscellaneous Expenses.

- 1) **EXPENSES PAID BY CITY (COLUMN A)** Total of all pre-payments/reimbursements made by the City as requested on the travel advance form and any P-Card Payments
- 2) EMPLOYEE PAID EXPENSES (COLUMN B) Total of all costs paid by Employee
- 3) TOTAL TRAVEL EXPENSES Sum of all costs in Column A and Column B
- 4) SUBTRACT EXPENSES PRE-PAID BY CITY Subtract total of any expenses pre-paid by City in Column A (This will be a negative amount)
- 5) NET EXPENSES Total of travel expenses minus Expenses Pre-Paid by City
- 6) **SUBTRACT ANY REIMBURSEMENTS/TRAVEL ADVANCE** Subtract total of any reimbursements or travel advances received (This will be a negative amount)
- 7) TOTAL REIMBURSEMENT Difference between total travel expenses and the expenses pre-paid by city and travel advances. If the advanced amount is greater than net expenses (i.e. the total reimbursement due is negative), the traveler must repay the difference to the Finance Department and attach the receipt to this form. If this amount is positive, it will be paid to the traveler by a City check

If applicable, the following documentation should be attached to this form (please mask all personal credit card numbers):

**Travel Advance Form-** If type of travel required this form. Finance Department will attach the form if it was sent to them previously.

**Registration Form/Brochure**- Required to show cost, session and meal information. There is no need to attach to this form if it was previously sent as back up to a pre-payment request.

**Transportation**- Passenger receipt for air travel is required. Attach receipts for taxi, bus or other ride service fees over \$25.00. Attach receipt for car rental, as well as a written explanation of the public purpose of, and authorization for, the expense.

**Lodging**- Itemized hotel bill is required. The single room rate must be noted if guest lodging is involved. Identify business phone calls. Deduct meals and any other non-allowable costs included in the room charge.

**Meals**- Reimbursed at the US GSA per diem rates at 75% for travel days and at 100% while at destination. US GSA rates are located at <a href="https://www.gsa.gov/travel/plan-book/per-diem-rates">https://www.gsa.gov/travel/plan-book/per-diem-rates</a> Business meals and meals for others must have a receipt with the amount, date, place, names and public purpose identified. Refer to current travel procedures for further details.

**Miscellaneous**- Receipts are required for gas/other costs for a City vehicle, laundry/dry cleaning charges if the trip is five days or more, and parking expenses of \$25.00 or more.