Travel Expense Voucher

Date: _____

Name: _____ **Department:** _____

Type of Travel: ☐ **Incidental** ☐ **Day Trip** ☐ **Overnight Trip**

Reason for Travel: _____

Site Location: _____
City State

Departure: _____ **Return:** _____
Day Time Date Day Time Date

*** Date / Time should reflect departure and return from Staunton, not of your flight or conference

Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /

Meals (Fixed Or Actual)							
Fixed Allowance *(Overnight Travel Only)*							
Breakfast							
Lunch							
Dinner *(Day Trip Receipts Required)*							

Lodging							
Phone/Wires							
Parking/Tolls							
Taxi/Other							
Other *(Attach Explanation)*							

Mileage 0.585	Miles ___	Miles ___	Miles ___	Miles ___	Miles ___	Miles ___	Miles ___
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Budget Code _____

1. Advancements Received: $ 0.00
2. Expense Total From Above: $ 0.00
3. Amount Owed to City: $ 0.00
4. Amount Owed to Employee: $ 0.00

I certify that the above is a true and correct report of expenses incurred by me on behalf of the City of Staunton and conform to all present regulations for travel reimbursement.

_____ Audited: _____
Employee Signature Date Asst. Director of Finance Date

_____
Department Director Date

Rate effective 1/1/2022-12/31/2022