

TOWN OF FRIDAY HARBOR TRAVEL EXPENSE VOUCHER

Must be submitted to Accounts Payable within 10 days of return to work.

Name: _____ FROM _____ THROUGH _____
(Date travel and other expenses incurred)

Name of Class/Purpose of Travel: _____
(Attach copy of registration)

Itemized receipts for ALL expenses s/b attached to this form.						
Mo/Day	Meals			Lodging	Misc. Exp. <small>(describe)</small>	FULL Destination Address
	Breakfast	Lunch	Dinner			
						If you drove, did you use: <small>(circle one)</small>
						Own Vehicle
						Town Vehicle
						Other (describe)
Totals						

Totalled Expenses	
Meals	\$ _____
Lodging	\$ _____
Misc. Expenses	\$ _____
Ferry Fare (attach receipt)	\$ _____
Mileage* _____ @ .54	\$ _____
<small>(*Mileage calc. by Accounts Payable based on address)</small>	
Registration Fees (if applicable)	\$ _____
Total Actual Expenses	\$ _____
Advanced travel taken	\$(_____)
Due to recipient	\$ _____
Due to Town	\$ _____

I hereby certify under penalty of perjury that this is a true and accurate claim for necessary expenses incurred by me, and that no other payment has been received on account thereof.

(Sign/Date)

Approved for payment by Dept. Head (Date)

Approved for payment by Town Administrator (Date)

Advanced Travel Check No. _____ BUDGET LINE NO. _____