

City Of San Angelo 2023 Travel Settlement

Name _____
 Department _____
 Account _____

Dates of Travel _____
 Purpose of Trip _____
 Location _____

Expenses:

Mileage _____ Miles @ _____ /mile = _____
 Lodging _____ *Receipt required* _____
 Registration _____ *Receipt required* _____
 Airfare _____ *Receipt required* _____

Meals	Sun	Mon	Tues	Wed	Thur	Fri	Sat

Total _____

Other Expenses _____
Receipts required _____

Total Expenses _____

Less Travel Advance Received / P-Card Travel Settlement Amounts

Travel	Ck _____	P-Card # (last 4 digits) _____	_____
Lodging	Ck# _____	P-Card # (last 4 digits) _____	_____
Registration	Ck# _____	P-Card # (last 4 digits) _____	_____
Airfare	Ck# _____	P-Card # (last 4 digits) _____	_____

Total _____

Cash Returned _____ Date _____

Reimbursement Amount Due _____ Total _____

Employee Signature _____ Date: _____

Department Approval _____ Date: _____