

City Of San Angelo
2023 Travel Advance Request

Name _____
Department _____
Account _____

Dates of Travel _____
Purpose of Trip _____
Location _____

Estimated expenses:

Mileage _____ miles @ _____ /mile = _____
Lodging _____
Registration _____
Airfare _____
Meals _____ partial days @ _____ = _____
_____ full days @ _____ = _____
Other Expenses _____
Total Estimated Expenses _____

Department Approval _____ Date: _____

If traveling out of state, include the approval memo with this packet.