

City Of San Angelo 2023 Travel Settlement

Name _____
Department _____
Account - - .05-80 Travel and Lodging
 - - .05-90 Conventions and Schools
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:** _____