City Of San Angelo

2023 Travel Advance Request

Name _____

Department _____

Account _____ - _____ - .05-80 Travel and Lodging

_____ - _____ - .05-90 Conventions and Schools

Dates of Travel _____

Purpose of Trip _____

Location _____

Estimated expenses:

Mileage	_____	miles @	.655	/mile =	0.00
Lodging					
Registration					
Airfare					
Meals	_____	partial days @	_____	=	0.00
	_____	full days @	_____	=	0.00
Other Expenses					
Total Estimated Expenses					0.00

Department Approval _____ Date: _____

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