

**CITY OF SPEARFISH
TRAVEL VOUCHER**

For Reimbursement of Expenses

Name: _____

Address: _____

Street

City

State

Zip

Departure Date: _____

(mm/dd/yyyy)

Time: _____ AM PM

(00:00)

Return Date: _____

Time: _____ AM PM

Travel From: _____ **Travel To:** _____

Reason for Travel: _____

		SUPPORTING DETAILS	BREAKFAST	LUNCH	DINNER	DAILY TOTAL
In State			\$6.00	\$11.00	\$15.00	\$32.00
Out State			\$10.00	\$14.00	\$21.00	\$45.00
Date						
Date						
Date						
Date						
Date						
Date						
Date						

Total Meal Expenses: _____

Total Mileage: _____ miles @ \$0.42/mile = _____

Total Lodging Expenses: _____ = _____

Detailed/itemized lodging receipt must be attached.

Total Miscellaneous Expenses: _____

Amount Reason

Total Misc. _____

TOTAL TRAVEL REIMBURSEMENT:

FUNCTION AGENDA/PROGRAM MUST BE ATTACHED.

Signature of Claimant _____

Date _____

Signature of Supervisor _____

Date _____

Fund: _____ Department: _____ Line Item: _____