

**CITY OF SPEARFISH
TRAVEL VOUCHER**

For Reimbursement of Expenses

Name: _____

Address: _____

Street

City

State

Zip

Departure Date: _____
(mm/dd/yyyy)

Time: _____
(00:00) AM PM

Return Date: _____

Time: _____ AM PM

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

Reason for Travel: _____

	SUPPORTING DETAILS	BREAKFAST	LUNCH	DINNER	DAILY TOTAL
In State		\$6.00	\$14.00	\$20.00	\$40.00
Out State		\$10.00	\$18.00	\$28.00	\$56.00
Date					
Date					
Date					
Date					
Date					
Date					
Date					

Total Meal Expenses: _____

Total Mileage: _____ miles @ \$0.51/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: _____