|  |  |  |
| --- | --- | --- |
| A close up of a sign  Description automatically generated | KEY PENINSULA FIREFIGHTERSIAFF LOCAL 3152 | **TRAVEL EXPENSES** **FORM** |

Name:       Date:

Event:       Location:

Date(s):       Days of Travel:

|  |  |  |  |
| --- | --- | --- | --- |
| **PER DIEM EXPENSES** | **QTY** | **RATE** | **AMOUNT** |
| First & last days of travel |       |       |       |
| M&IE full days |       |       |       |
| [ ]  Lookup current rate for the city you are traveling to, [click here](https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup). | **Sub Total** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **MILEAGE EXPENSES** | **MILES** | **RATE** | **AMOUNT** |
| Total mileage driven |       |       |       |
| Please attach google maps showing route | **Sub Total** |       |

|  |  |
| --- | --- |
| **LODGING EXPENSES** | **AMOUNT** |
|       |       |
|       |       |
|       |       |
| [ ]  Receipts or supporting documentation submitted | **Sub Total** |       |

|  |  |
| --- | --- |
| **OTHER EXPENSES** | **AMOUNT** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| [ ]  Receipts or supporting documentation submitted | **Sub Total** |       |
|  |  |  |
|  | **TOTAL** |       |

Signature Date

Treasurer Use Only

Date Received:

All Receipts and or supporting documentation submitted? [ ]  Yes [ ]  No

Was advance per diem issued for this trip? [ ]  Yes [ ]  No

Reimbursement approved? [ ]  Yes [ ]  No

Amount of reimbursement paid:

Check #:

Date Issued:

Treasurer Signature Date