

VILLAGE OF CLAYTON

Travel Expenses

Name			Employee ID		
E-mail			Department A01325.400		
Purpose			Approved by		
Trip hours	Dates	Hours	How spent		
Expenses	Dates	Details			Amount
Transportation		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other
Own car	Location	Milage	Date	Reason	Mileage miles @ \$.575 (as of 1.2016) 0.575
Trip 1					-
Trip 2					-
Trip 3					-
Trip 4					-
Lodging		Location			
		Location			
		Location			
		Location			
Meals		(Not to exceed \$50/day)			
		(Not to exceed \$50/day)			
		(Not to exceed \$50/day)			
		(Not to exceed \$50/day)			
Conference fees		Purpose			
		Purpose			
Other		Purpose			
		Purpose			
		Purpose			
		Purpose			
Subtotal					\$ -
Less amount paid by company					
Total amount owing to employee					
Signature				Date	

Please attach receipts for all listed expenses, sign the form and send to the Village Clerk's Office.