



CITY OF SOMERSET TRAVEL EXPENSE VOUCHER

Employee Name:
Department:
Date Submitted:
Date Requested By:

Advancement
 Reimbursement

Date		Location		Purpose of Trip				
Time Of		Departure	Destination	Daily Expenses				
Departure	Return			Breakfast	Lunch	Dinner	Parking	Lodging

Total Number of Miles _____ @ _____ per mile=\$ _____

Grand Total:

By signing below I certify the expenses listed above are valid and accurate to the best of my knowledge.

If mileage is claimed, I further certify a City of Somerset vehicle was not used during this time.

Employee Signature

Mayor/Executive Assistant/CFO/Department Head Approval

Please attach receipts, registrations, brochures, and/or meetings agendas if applicable.

Finance Department Use Only			
Vendor #	Check #	Date Paid	Amount Paid