



City of Crestview

Travel Reimbursement Form

Prepared By _____

Date _____

Name _____

Department _____

Date of Travel: ___/___/___ to ___/___/___

Travel Destination: _____

Purpose for Travel: _____

Date	Description	Miles	Mileage Rate	Total Mileage Value	Breakfast	Lunch	Dinner	Other	Total
			\$0.58	\$					\$
			\$0.58	\$					\$
			\$0.58	\$					\$
			\$0.58	\$					\$
			\$0.58	\$					\$
			\$0.58	\$					\$
			\$0.58	\$					\$

Total \$ _____

Notes:

The current Mileage reimbursement is \$0.58 per mile. To find Total Mileage Value: miles multiplied by mileage rate.

The current Meal Allowance:

Breakfast-\$13.00 when Travel begins before 6 am and extends beyond 8 am.

Lunch- \$15.00 when travel begins before noon and extends beyond 2 pm.

Dinner-\$26.00 when travel begins before 6 pm and extends beyond 8 pm.

I hereby acknowledge that I have incurred the above expenses on behalf of the City of Crestview in the performance of Official duties and this claim is true and correct in every material matter and the same conforms in every respect with the requirements of Section 112.061 of Florida Statutes.

Employee Signature _____ Date _____

Department Head Approval _____ Date _____

Finance Approval _____ Date _____