



# City of Bay City

## Police & Fire Retirement System

### Travel Authorization and Expense Report

#### TRAVEL AUTHORIZATION

Name:		Date:	
Travel Date(s):		Reason for travel/event/meeting/conference:	
Sponsoring Organization:		Budget Account Number:	Budget Account Balance:
Place and city held:			
Signature/ Date			

#### APPROVAL FOR UNBUDGETED TRAVEL – (Signatures of 3 Board Members Required)

Signature/Date	Signature/Date	Signature/Date
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#### TRAVEL EXPENDITURES

Date	Lodging	Brkfst	Lunch	Dinner	Other**	Mileage*	Registration	TOTAL
<b>TOTALS</b>								

\*MILEAGE CALCULATIONS (personal vehicle): \_\_\_\_\_ miles at \$0.545 per mile = \_\_\_\_\_

\*\* This may include: tolls, gratuities, baggage fees, etc....

Total actual expense:	Total estimated Expense:
Less Advance or Credit Card Charges:	Registration:
TOTAL Expense due FROM / TO Pension Plan	Lodging:
	Mileage:
	Meals:
	Other:
	TOTAL:

I certify that the information given is true and complete to the best of my knowledge.

Signature/ Date

**Please make a photocopy for your records prior to submission. Attach all original receipts to this report, if available.**