CITY OF CHELAN PERSONAL EXPENSE VOUCHER

NAME:							DEPARTMENT:			
PURPOSE OF TRIP:							BARS #			
							City vehicle available? Yes_____ (Reimburse @ 60%) No _____ (Reimburse @ 100%)			
TRAVEL INFORMATION:				PER DIEM:						
DATE	DESTINATION	DEPART TIME	ARRIVAL TIME	BREAKFAST $12	LUNCH $15	DINNER $23	TOTAL MEALS	MILES DRIVEN	TOTAL MILEAGE 0.54	TOTAL MEALS/ MILEAGE
							GRAND TOTAL MEALS / MILEAGE			
				DETAIL OF OTHER EXPENSES (HOTEL, PARKING, ETC.)						
						DATE	PAID TO:		FOR:	AMOUNT
EMPLOYEE SIGNATURE										
DATE										
APPROVED BY							GRAND TOTAL OTHER EXPENSES			
DATE							**GRAND TOTAL ALL EXPENSES**			

Employee must submit completed and approved Request for Travel Form (when appropriate) with Personal Expense Voucher for reimbursement