

**CITY OF SPEARFISH  
TRAVEL VOUCHER**

*For Reimbursement of Expenses*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street

City

State

Zip

**Departure Date:** \_\_\_\_\_  
(mm/dd/yyyy)

**Time:** \_\_\_\_\_  
(00:00) AM PM

**Return Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_ AM PM

**Travel From:** \_\_\_\_\_ **Travel To:** \_\_\_\_\_

**Reason for Travel:** \_\_\_\_\_

	SUPPORTING DETAILS	BREAKFAST	LUNCH	DINNER	DAILY TOTAL
<b>In State</b>		<b>\$6.00</b>	<b>\$14.00</b>	<b>\$20.00</b>	<b>\$40.00</b>
<b>Out State</b>		<b>\$10.00</b>	<b>\$18.00</b>	<b>\$28.00</b>	<b>\$56.00</b>
Date					
Date					
Date					
Date					
Date					
Date					
Date					

**Total Meal Expenses:** \_\_\_\_\_

**Total Mileage:** \_\_\_\_\_ miles @ \$0.42/mile = \_\_\_\_\_

**Total Lodging Expenses:** \_\_\_\_\_  
Detailed/itemized lodging receipt must be attached.

**Total Miscellaneous Expenses:**

Amount	Reason	
_____	_____	
_____	_____	
_____	_____	

Total Misc. \_\_\_\_\_

**TOTAL TRAVEL REIMBURSEMENT:**

*FUNCTION AGENDA/PROGRAM MUST BE ATTACHED.*

Signature of Claimant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Fund: \_\_\_\_\_ Department: \_\_\_\_\_ Line Item: \_\_\_\_\_