

CITY OF LOS ALTOS
STATEMENT OF TRAVEL EXPENSES

(Due within 30 Days of Travel ended)

Name: _____

Dates: _____ to _____ Conference/Meeting Name : _____

Location: _____ Purpose: _____

Date	Per Diem Meals (GSA rates)			Incidental Per Diem	Hotel	Other		Daily Total
	Breakfast	Lunch	Dinner			Code	Amount	
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-

Explain "Other" charge by using appropriate code:

		Sub-Total	-
	Acct# (Mileage) _____	Mileage	-
A - Registration	(XXX-5170)	Total Expenses	-
B - Plane Fare			
C - Taxi or Bus Fare	Less: City Check- Ck#		
D - Parking Fees	Less: Advances - Ck#		
E - Telephone	Less: Calcard Expenses-Card#		
F - Miscellaneous - Explain:	(Last 6 digits of the card)		

Net Amount Due- Applicant -

Net Amount Due-City 0.00

I certify that this claim is a true record of expenses incurred on official business for the City of Los Altos during the above period.

Applicant's Signature: _____

City Manager Signature: _____ **Acct# (Non-Mileage):** _____
(xxxx-5180)

Finance Department Approval PEID# _____

Signature: _____ Date Paid _____

Date: _____ Check# _____

CITY OF LOS ALTOS MILEAGE REIMBURSEMENT

Pay To: _____

Date: _____

[illegible]

Total Miles: **0.00** **@** **0.655** **= \$** **-** **ACCT#**

(XXX-5170)

2023 Standard Mileage Rate by IRS

Claimant Signature

Department Head Signature

***** Mileage claims must be submitted at least quarterly. Mileage older than 90 days from the submission date will not be reimbursed. *****

Finance Department Use Only

PEID#

Check#

Date Paid