MIAMI-DADE COUNTY
TRAVEL EXPENSE REPORT

T# _____

DATE _____

TRAVELER _____
PRINT NAME

INDEX CODE _____

DEPARTMENT _____

DIVISION _____

VACATION COMBINED WITH TRIP: YES ☐ NO ☐

DESTINATION _____

DEPARTURE DATE _____

RETURN DATE _____

(Section 1)

	PREPAID EXPENDITURES (NON-REIMBURSABLE) BY COUNTY			PREPAID EXPENDITURES (REIMBURSABLE) BY TRAVELER
	CREDIT CARD	CHECK	GSA (Fleet)	
TRANSPORTATION (Air Fare Only)			N/A	
REGISTRATION FEE			N/A	
GAS FLEET CAR RENTAL (est.)	N/A	N/A		N/A
OTHER (specify)			N/A	
TOTALS	$	$	$	$

(Section 2)

MILEAGE EXPENSE (If personal car used–include supporting documents for miles claimed)

DATE	FROM	TO	MILES
		TOTAL MILES	

@ CURRENT RATE = $ _____

(Section 3)

TRAVELER SUBSISTENCE EXPENSES

	Date	Date	Date	Date	Date	Date	Date	
DAY OF WEK (Mon., Tue., etc.)								
MM/DD/YY (ie: 9/30/06)								
ITEMS								TOTAL
AIR TRAVEL *								
TAXI, AUTO RENTAL								
MEALS & INCIDENTALS								
LODGING (Receipt Attached)								
PER DIEM (Domestic/Foreign)								
REGISTRATION *								
COMMUNICATIONS								
OTHER (Specify: tolls, gas, etc.)								
TOTAL								

Only if traveler pre-paid and is claiming reimbursement

I certify that some meals were _____ or were not _____ included in this trip. Additionally, I have not requested reimbursement of those meals which were included. I certify that the above is a true and correct statement of travel expenses incurred while conducting County business.
(please initial) (please initial)

Traveler _____ Date _____ Department Director _____ Date _____

ATTACH ALL RECEIPTS

FINANCE USE ONLY—DO NOT WRITE BELOW THIS LINE

(NON-REIMBURSABLE)

TOTAL PREPAID EXPENDITURES BY COUNTY (Sec. 1) $ _____

GSA FLEET CAR RENTAL (If applicable) (Sec. 1) $ _____

TOTAL PREPAID EXPENDITURES (A) $ _____

(REIMBURSABLE TO TRAVELER)

TOTAL MILEAGE CLAIMED (Sec. 2) $ _____

TOTAL TRAVELER'S SUBSISTENCE EXPENSES (Sec. 3) $ _____

TOTAL TRAVELER'S EXPENSES (Section 2 + 3) (B) $ _____

LESS FUNDS ADVANCED $(_____)

AMOUNT DUE (TO/FROM) TRAVELER $ _____

EXPENSES INCURRED ON THIS TRIP—GRAND TOTAL (A + B) $ _____

***THIS FORM MUST BE RETURNED TO THE FINANCE DEPARTMENT WITHIN FIVE (5) WORKING DAYS FOLLOWING RETURN FROM TRIP.**