



**City of Lauderhill**  
**Employee**  
**Travel Expense Reimbursement Form (2024)**

**TRAVELER DETAILS:**

Traveler: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

**TRAVEL DETAILS:**

Leave Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Destination (Event location): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Purpose of Travel (Be specific.): \_\_\_\_\_

☐ Conference ☐ Seminar ☐ Training ☐ Meeting ☐ Other: \_\_\_\_\_

Name of Travel Event (Do not use abbreviations.): \_\_\_\_\_

**SUMMARY OF EXPENSES:**

Please include only amounts not paid in advance and attach receipts where applicable.

**Hotel:**

Dates: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

**Airfare:**

Dates: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

**Personal Vehicle:**

**Must provide proof of vehicle ownership (attach copy).**

Number of Miles Traveled with Personal Vehicle Miles: \_\_\_\_\_ miles

Cost if Travel Conducted [January 1, 2024 – December 31, 2024](#) Cost: \$ \_\_\_\_\_ (@ \$0.67 per mile)

**Gas (attach receipts):**

Dates: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

**Tolls (attach receipts):**

Dates: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

**Other Expenses Not Covered by Per Diem (attach receipts):**

Dates: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

**TOTAL EXPENSE REIMBURSEMENT**

Account: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_



# City of Lauderhill Employee Travel Expense Reimbursement Form (2024)

ALL RECEIPTS ASSOCIATED WITH THIS TRAVEL EXPENSE REIMBURSEMENT FORM MUST BE ATTACHED.

## **REQUIRED SIGNATURES:**

The expenses incurred by the traveler were necessary travel expenses in the performance of official duties and are verified by this written declaration that I represent to be true and correct as to every material matter. I understand that a willing misrepresentation as to a material matter is a misdemeanor of the second degree punishable by up to 60 days in jail and up to a \$500 fine pursuant to [Fla. Stat. 166.021 \(9\)\(c\)](#). I have read and agree to abide by the aforementioned.

Traveler Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Approved

☐ Not Approved

Department Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Funds Available

☐ Funds Not Available

Finance Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Approved

☐ Not Approved

City Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_