



**City of Lauderhill
Public Officer
Travel Expense Reimbursement Form (2024)**

TRAVELER DETAILS:

Traveler: _____ Position: _____

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: \$ _____



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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.

☐ I have read and agree to abide by the aforementioned.

Traveler Signature: _____

Date: _____

☐ Reviewed

City Clerk Signature: _____

Date: _____

☐ Funds Available

☐ Funds Not Available

Finance Director Signature: _____

Date: _____