





**City of Lauderhill  
Public Officer  
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.

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

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

Reviewed

City Clerk Signature: \_\_\_\_\_

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

Funds Available

Funds Not Available

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

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