

Palm Beach Gardens Police Officers Pension Plan

Travel and Expense Report

Name: _____

Position: _____

Meeting Purpose: _____

Date Begin: _____

Date Ended: _____

Meeting Location: _____

A) Per Diem , if applicable (please use reverse side if additional space is needed)

FROM		TO		TIME		AMOUNT	
Date	Time	Date	Time	Hours	Minutes	Rate	Due

B) Daily

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Hotel								
Breakfast								
Lunch								
Dinner								
Airfare, taxi, etc								
parking								
Tolls								
Supplies								
Gas/Oil								
Misc.								
Total								

C) Mileage - Private Vehicle

Miles x \$0.58 per mile	Travel		Mileage		Total	
DATE	TO	FROM	START	FINISH	MILEAGE	\$ OWED

Total Expenses (A) + (B) + (C): _____

I hereby certify or affirm that this travel expense report is true and correct in every material matter; that the expenses were actually incurred by me as necessary expenses; that no expenses shown were for personal use; and that I have not previously received payment for said expenses.

Individual Completing Report _____ DATE _____

Approved By _____ DATE _____

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2/20/2019 rev.