



COUNCIL TRAVEL RECONCILIATION FORM

All travel must be in accordance with the Town of Marana Travel Administrative Directive.
Use a SEPARATE FORM for each person.

TRAVELER	EMPLOYEE ID #	TODAY'S DATE	DEPARTMENT	DIVISION

DESTINATION: _____ DATES (list travel dates): DEPARTURE DATE: RETURN DATE:

DESCRIPTION: _____ DEPARTURE TIME: RETURN TIME:

Which are PERSONAL (list dates if any): _____

ACTUAL COSTS

Original paid receipts must be submitted with this form for all expenses except per diem:

Payment method:

AIRFARE	\$ _____
LODGING	\$ _____
REGISTRATION FEE	\$ _____
PER DIEM/MEALS	\$ _____
RENTAL CAR	\$ _____
<u>MILEAGE</u> (Complete & Attach Mileage form)	\$ _____
PARKING FEES	\$ _____
OTHER TRANSPORTATION	\$ _____
OTHER - specify below _____	\$ _____
TOTAL ACTUAL COSTS	\$ _____
AMOUNT PAID TO TRAVELER (Advance)	\$ _____
AMOUNT PAID BY TOWN (Credit Card/Check)	\$ _____
AMOUNT DUE TO TOWN	\$ _____
AMOUNT DUE TO EMPLOYEE	\$ _____

CERTIFICATION

I certify that the costs indicated herein are a true and accurate accounting of all expenditures incurred by me in connection with official Town of Marana business.

I also certify that any amounts due to the Town of Marana will be reimbursed within five business days, if applicable. I understand that if I fail to reimburse the Town, the Town may deduct the amount owed from my pay. **I authorize the Town of Marana to withhold the amount of repayment from my paycheck.**

Employee Signature: _____ Date: _____

REVIEWED BY

Div/Dept. Head: _____ Date: _____

Finance: _____ Date: _____

If amount is owed to employee, provide account number:

ACCOUNT NUMBER _____

Meal Reimbursement Rates

If utilizing the actual receipts reimbursement method, please complete the following chart to calculate the maximum meal reimbursement:

- Enter the travel dates in the first row.
- Enter the Per Diem Rate from the GSA.gov website for the travel destination.
- Enter meals/incidental amounts for each travel date based on actual receipts or per diem depending on method selected from the authorization for each meal/incidental expense up to the per diem rate. Exclude any meals included in registration fees provided at the conference/training during travel.

Start 1st Day Travel	Return Last Day Travel	Meal	Per Diem Rate							
Before 7 a.m.	After 10 a.m.	Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Before 12 p.m.	After 1 p.m.	Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Before 4 p.m.	After 6 p.m.	Dinner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Incidentals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Daily Total								
							Reimbursement Request			