

CITY OF MONT BELVIEU
TRAVEL REQUEST FORM



Employee Name: _____ Department: _____
 Name of Function: _____ Start Date: _____ End Date: _____
 Destination: _____ Date/Time Leaving: _____
 Reason: _____ Date/Time Returning: _____

Please submit all applicable documentation with this completed travel request.:

MEALS:	* Expense Account: _____	
_____ Breakfast(s) not to exceed	\$14.00	\$ _____
_____ Lunch(es) not to exceed	\$16.00	\$ _____
_____ Dinner(s) not to exceed	\$25.00	\$ _____
	Total Meals:	\$ _____

Meal and incidental expenses comply with IRS 2019-2020 standard rate of \$55/day.

TRANSPORTATION/PARKING:	* Expense Account: _____	
Personal Vehicle (Total miles round trip from City Hall to destination): _____ @ .575/mile		\$ _____
<small>(Use mileage from www.googlemaps.com and attach copy of the map)</small>		
Parking: Number of Days _____ @ _____ per day		\$ _____
Tolls: Number of Tolls _____ @ _____ per toll		\$ _____
	Total Transportation:	\$ _____

REGISTRATION:	* Expense Account: _____	
Registration Fees: _____		\$ _____
<small>(Attach documentation for expenses such as conference/event agenda, completed registration form, etc.)</small>		
	Total Registration:	\$ _____

OTHER:	* Expense Account: _____	
Other Misc Fees: _____		\$ _____
<small>(Attach documentation for expenses such as conference/event agenda, completed registration form, ect.)</small>		
	Total Other:	\$ _____

LODGING:	* Expense Account: _____	
Name of Hotel: _____		\$ _____
Number of Nights: _____ @ _____ per night		\$ _____
	Total Lodging:	\$ _____

Total Travel Request: \$ _____

Traveler Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

NOTE: Please refer to procedures outlined in the Finance Manual. If applicable, all meal receipts, lodging receipts, and/or excess money must be returned to the Finance Department immediately following your return.

* Required field.