

City of Portland Trip and Expense Report*

Trip Pre-approval For Overnight Travel Only

(Must be approved before making travel arrangements)

Employee Name: _____

Title & Division: _____

Travel Dates: _____

Purpose of Trip: _____

Location: _____

Est. Cost: _____ Is this budgeted? Yes____ No____ Acct No. _____

Department Head Approval: _____ Date: _____

Finance Director Approval: _____ Date: _____

City Manager Approval: _____ Date: _____

Complete budget estimate prior to approval and complete actual after trip.

	Budget Estimate	Actual Amount
Registration Fee	\$ _____	\$ _____
Airfare/transportation	\$ _____	\$ _____
Hotel – Detailed Receipts	\$ _____	\$ _____
Meals – Detailed Receipts	\$ _____	\$ _____
Mileage/Taxi	\$ _____	\$ _____
(Amount paid by City's Purchasing Card)	N/A	\$ (_____)
TOTAL	\$ _____	\$ _____
	Total Estimate	Amt. reimbursed to EE

*Please refer to AR1, "Travel and Business Expense Policy"

This form does not replace the payroll reimbursement form. You must accompany this form and the payroll reimbursement form for any payroll reimbursement. A copy of this form needs to be kept on file with the department.