

TRAVEL REQUEST

Prior department head approval required for travel outside Dodge & Jefferson Counties.

Name of Employee: _____ Department: _____

Event title and description: _____

Destination(s): _____

Departure Date: _____ Return Date: _____

ESTIMATED COSTS

Mileage Reimbursement:	\$ _____	2019 mileage reimbursement rate is 58¢
Other Transportation:	\$ _____	Parking, tolls, cab fare, air fare, rental car, etc.
Meals Reimbursement:	\$ _____	\$10 breakfast, \$15 lunch, \$20 dinner
Lodging Reimbursement:	\$ _____	Destinations less than 75 miles require Mayor approval
Registration Fees:	\$ _____	
Other:	\$ _____	
Total Estimated Cost:	\$ _____	

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Mayor Signature: _____ Date: _____

(Required only for out of state travel or if requesting lodging less than 75 miles from Watertown)

TRAVEL REIMBURSEMENT REQUEST

Complete this portion and re-submit within 30 days of travel completion for reimbursement of expenses.

Attach all receipts to reimbursement request.

Date	Miles	x	Mileage Cost	Meals			Lodging	Other
				Breakfast	Lunch	Dinner		
		0.58						
		0.58						
		0.58						
		0.58						
		0.58						
		0.58						
		0.58						
		0.58						
Subtotals:		0.58						

TOTAL REIMBURSEMENT REQUESTED: \$ _____