CITY OF CRYSTAL LAKE

MEAL REIMBURSEMENT AUTHORIZATION/EXPENSE REPORT FORM

Submission of this form to the Department Director is **required** prior to and after incurring expenses relating to local training. Authorization of these costs in advance allows the applicant and the Department Director to agree on expected costs before incurred and ensures that adequate budget funds are available. Approval of expense reports post-event indicate that expenses have been reviewed and have been found to comply with City policies. Do not use this short form to request reimbursement for other travel and training expenses. Instead, use the Travel & Training Authorization and Expense Report Form.

I. LOCAL TRAINING/TRAVEL DETAILS

Applicant Name:		Destination (City, State):		
Date of Request:		Departure Date/Time:		
Conference Registration		Return Date/Time:		

(For informational purposes only)

Business Purpose:

II. ELIGIBLE MEAL EXPENSE DETAILS: (Itemized receipts are required)

Complete the following to calculate **Meal** expenses. Do not include meals that are already included in registration or meals provided by event sponsors.

Day	GSA Max Meal Rate	# of Meals Expected	Estimate	Actual Detail					
				1	2	3	4	5	Total
Breakfast			$0.00						$0.00
Lunch			$0.00						$0.00
Dinner			$0.00						$0.00
Meals Total		0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Describe any meal(s) included in the conference registration fee. Meals included in the conference fee are not eligible for reimbursement.

III. FUNDING REQUIREMENT

Budget Account Number:	Amount
Total	$0.00

Payment Method:	Amount
Direct to Vendor	
City Credit Card	
Due to (from) Applicant	$0.00
Total	$0.00

IV. TRAVEL & TRAINING EXPENSE AUTHORIZATION (to be completed prior to making arrangements)

I certify that expense(s) itemized herein are appropriate and necessary for conducting official business on behalf of the City of Crystal Lake. It is within budgetary authority to approve the foregoing expense(s). **I understand that non-mandatory training and related travel expenses may be subject to recovery by the City in the event that I voluntarily terminate my employement within three (3) months from the conclusion of this event and that any collective bargaining agreement that may apply to my employment may impose additional restrictions.**

Applicant Signature: Date:

Department Director: Date:

V. VERIFICATION OF TRAVEL & TRAINING EXPENSES (to be completed post-event)

I certify that expense(s) itemized herein are accurate, allowable and appropriate.

Verified by (Signature): Date:

VI. TRAVEL & TRAINING EXPENSE APPROVAL (to be completed post-event)

I certify that expense(s) itemized herein are accurate, allowable and appropriate.

Applicant Signature: Date:

In lieu of the applicant's signature here, the applicant may print their name on each receipt then sign and date the receipt.

Department Director: Date:

In lieu of the Department Director's signature here, approval may be provided electronically by automated action tracking through workflow functionality of the City's BS&A (financial software) system.