

Erie MetroParks

TRAVEL / TRAINING / EXPENSE REIMBURSEMENT REQUEST

(One Reimbursement Request form must be filed
for each program and each employee)

Once travel and/or training is completed, complete the information requested below. This page must be attached to a copy of the approved Travel/Training/Expense request form. Items #2 through #6 require receipts or affidavit for reimbursement.

1. Total Mileage: _____ miles @ 58.5 cents per mile \$ _____
2. Meals \$ _____
3. Hotel \$ _____
4. Parking fees \$ _____
5. Registration fees \$ _____
6. Other, explain _____

Total Requested for Reimbursement \$ _____ *

* Is total reimbursement more _____ or less _____ (check one) than approved by the Director-Secretary and/or Board of Park Commissioners?

After travel and/or training is completed, please sign and date the following:

I certify that to the best of my knowledge the above expenses are actual and proper, and that under current State law and Erie MetroParks policies, they may be reimbursed to me.

Signature

Date

The expenses listed above are approved and ordered paid.

Director-Secretary

Date

Board of Park Commissioners:

Date:
