

**CORNING JOINT FIRE DISTRICT
TRAVEL EXPENSE REPORT**

Name: _____

Travel Destination: _____

Purpose of Travel: _____

Date(s) of Travel: _____

In-County Travel _____ Out-of-County Travel _____ (check one)

Complete any applicable sections below:

TRANSPORTATION

1. Personal vehicle:

Mileage: _____ miles @ _____ /mile (use IRS Rate) \$ _____

2. Air, train, rental car, etc.: Attach receipts \$ _____

3. Parking: Attach receipts \$ _____

4. Tolls: Attach receipts \$ _____

MEALS

_____ days at per diem rate of \$ _____ /days \$ _____

LODGING

_____ nights at \$ _____ /night (attach receipts) \$ _____

OTHER EXPENSES (list and attach receipts)

_____ \$ _____

_____ \$ _____

Total Expenses for Travel: \$ _____

Total Paid in Advance by Fire District \$ _____

Reimbursement due to Traveler \$ _____

I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my official duties.

Signature

Date submitted to Fire District Treasurer