



Truckee Fire Protection District Travel Expense Claim

Date: _____

Name: _____ Shift: _____

Name of Course or Conference: _____

Location of Course or Conference: _____

Date(s) of Course or Conference: _____

District Vehicle Available: ___ Yes ___ No

<u>Date</u>	<u>Starting Location</u>	<u>Destination</u>	<u>Reason for Travel</u>	<u>Total Miles</u>

Mileage; \$0.54 cents per mile @ _____ miles \$ _____

Rental Car (include receipts) \$ _____

Air Fare \$ _____

Parking (include receipts) \$ _____

Total Expenses \$ _____

Employee Signature: _____

Supervisor Approval: _____

Date: _____

Administration Approval: _____

Date: _____

