



**CITY OF WAUKEGAN
EMPLOYEE EXPENSE REPORT**

Employee Information

Name _____	Date _____
Title _____	Department _____
Destination _____	Purpose of trip _____
Dates of Travel	Method of Travel _____
From _____ to _____	Expense Code # _____
Attachments Yes No	

Date	Description	Hotel	Meals	Fuel	Mileage	Tolls	Misc.	Total
Totals								

*** Please attach all receipts or per diem. If per diem, printout applicable GSA rates and attach with this form**

****Must be submitted within 10 days after trip is completed.**

By signing this, I certify that the travel shown above was in compliance with the Travel Policy issued by the City of Waukegan.

Employee's Signature _____
 Department Head's Signature _____
 Director of Finance's Signature _____
 Mayor's Signature _____

Date _____
 Date _____
 Date _____
 Date _____