



CLEVELAND DIVISION OF POLICE ANTICIPATED TRAVEL EXPENSE REPORT

(MUST BE COMPLETED PRIOR TO TRAVEL - PAYMENTS SHALL NOT EXCEED ANTICIPATED EXPENSES)



NAME: _____ BADGE: _____ ASSIGNMENT: _____

CONTACT INFO: (WORK PHONE): _____ (HOME/CELL/OTHER): _____

TRAVEL DESCRIPTION (EVENT, DESTINATION, PURPOSE) _____

		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
DATE (MO/DAY/YEAR)									
EXPENSE CATEGORY:									TOTAL
LODGING (EXCLUDING MEALS)									
BREAKFAST	MAXIMUM PER DAY \$ _____								
LUNCH									
DINNER									
AIRFARE									
CAR RENTAL									
MILEAGE (# OF MILES X REIMBURSEMENT PER BUDGET UNIT)									
MILES									
GASOLINE EXPENSE									
TAXI, BUS, TRAIN FARES, TOLLS									
REGISTRATION FEES									
OTHER (luggage)									
TOTAL									

MEMBER SIGNATURE: _____ DATE: _____

CITY OF CLEVELAND RETAINS AUTHORITY TO WITHHOLD FUND FROM MY PAYCHECK FOR FAILURE TO COMPLY TO THE CITY'S TRAVEL POLICE