

**Finance Department**

P.O. Box 1609, Mammoth Lakes, CA, 93546

(760) 965-3660

www.townofmammothlakes.ca.gov**Attachment A: Authorization and Claim for Travel Expense Form**

Employee Name:		Department:	
Conference/Training/Event:			
Destination:			
Date of Departure:		Date of Return:	
Transportation:	<input type="checkbox"/> Town Car	<input type="checkbox"/> Personal Car (verification of car insurance is on file with Human Resources)	
	<input type="checkbox"/> Other	<input type="checkbox"/> Car insurance verified by Human Resources	
	I understand that by choosing to use my privately-owned vehicle, I will not be reimbursed for mileage but that I will be provided a gas card for the purposes of refueling my vehicle while traveling on town business.		
	I have read and agree to the Town's Vehicle Use Policy.		
	I have read and agree to the Town's Travel Policy.		
	I have read and agree to the Town's Credit Card Policy.		
Travel Expenses			
Date			Totals
Per Diem			
Transportation			
Registration/Fees			
Lodging			
Other			
Totals			
Travel Advances			
Payable To:	Account Number:		Amount:
			\$
Total Advanced Expenses:			\$

All expenses reported on this form must comply with the Town of Mammoth Lakes policies relating to expenses and the use of public resources. The information submitted on this form is a public record. Penalties for misusing public resources and violating Town policies include loss of reimbursement privileges, restitution, civil and criminal penalties, and additional income tax liability.

Employee Signature**Date****Department Head Signature****Town Manager Signature** (required if using personal car)