



Employee Expense Reimbursement Form

CITY OF SAN BRUNO

Employee Information:

Employee Name: _____ Department: _____

Pre-Approval Information:

Department Director: _____ Date: _____

Expense Information:

Type (ex: meeting, training, conference, other): _____

Description: _____

Business Justification: _____

Event Location: _____ Date(s) of Event: _____

Expense Items & Accounting:

Registration: \$ _____

Lodging: \$ _____

Personal Car: miles _____ @ \$0.725 \$ _____

Meals \$ _____

Parking: \$ _____

Other Expenses: \$ _____

Total Reimbursement \$ _____

Budget Account Number: Fund: ___ Dept: _____ Account: _____ Project: ___

Signature & Approval:

Employee Signature: _____ Date: _____

Department Director Signature: _____ Date: _____

Human Resources Signature _____ : _____ Date: _____

Note: Staff signing the above, certify the above information is true and correct and that the subject expenses are for a legitimate public purpose. Receipts and other supporting documentation shall be provided, including a map for personal car mileage reimbursement.

Please review our reimbursement policy and check the GSA for allowable daily meal limit reimbursement and hotel rates per area and month: <https://www.gsa.gov/travel/plan-book/per-diem-rates>