

**Law Enforcement Officers' and Fire Fighters' Plan 2 Retirement Board
TRAVEL EXPENSE RECORD/REQUEST FOR PAYMENT**

Name: _____

Home Address: _____

Activity: _____ Location: _____

Purpose: _____

Please tell us when you started and ended your travel (*What time did you leave your home or office?*)

Date your travel started: _____ at what time? _____

Date your travel ended: _____ at what time? _____

Summary of Expenses - Please Attach Receipts

Airline Ticket: \$ _____ Baggage: \$ _____ Other Airline Fees: \$ _____

Own Ground Transportation: Mileage (*Roundtrip*): _____ Point to Point: ____ or Vicinity: ____

Paid Ground Transportation (*include more on back if necessary*):

Rental Car \$ _____ Taxi \$ _____ Shuttle \$ _____ Other \$ _____

From: _____ To: _____

Rental Car \$ _____ Taxi \$ _____ Shuttle \$ _____ Other \$ _____

From: _____ To: _____

Parking: \$ _____ Hotel : \$ _____

*Meal reimbursement has specific rules and relates to travel times. Continental breakfast is not considered a meal and is reimbursable There is no need to keep meal receipts. **Please note if any meals were included with the conference or meeting by indicating dates and which meals:***

Other Expenses (*please specify*): _____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

TRAVELER:

DATE:

APPROVED BY:

DATE: