

Combined Subsistence and Transportation Authorization and Expense Report

Authorization - This report must be completed in full to comply with Chapter 10, Article VIII of the Omaha Municipal Code. Be sure to read the "Guidelines For Reimbursable Travel Expense" on Form A-130 (82).

Name _____ Department _____
 Division _____ Classification _____
 Itinerary _____
 Purpose _____

City Council Resolution Number and Date (if applicable) _____

**NOTE: One day auto trips that do not include overnight stay should be coded as mileage (2001).
 Meals are not included for one-day trips.**

Estimated Costs:		Funding Source Information		
Transportation		Must be completed		
Airfare	\$ _____	Fund	_____	Division Manager/ Date
Auto/City (gasoline)	\$ _____	Agency	_____	
Auto/Private (mileage) (_____ Miles x _____ Rate)	\$ _____	Orgn	_____	
Lodging	\$ _____	Activity	_____	Department Director/ Date
Meals	\$ _____	Object	_____	
Other _____	\$ _____			
Subtotal	\$ _____	Finance Department Approval for Funding		Mayor of the City of Omaha/ Date
Registration Fees	\$ _____			
Total	\$ _____			

Expenses Paid by Employee

Expense Report	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Date								
Transportation								
Lodging								
Meals								
Registration								
Other								

Total Reimbursable Expenses Claimed. \$ _____

I certify that the above statement and itemization of expenses are true and correct, are supported by the attached obtainable receipts, and were properly incurred on behalf of the City of Omaha and are in accordance with Chapter 10, Article VIII of the Omaha Municipal Code.

Payee/Date

I have examined this itemization of expenses and approve the above expenses as properly incurred on behalf of the City of Omaha.

Department Director/Date

For Finance Use Only:	
Transportation.	\$ _____
Registration.	_____
Total Initial Payments.	\$ _____
Total All Payments.	\$ _____

Mayor's Approval: If total expenses exceed total estimated cost.

 Mayor of the City of Omaha