The City of Sevierville

STATEMENT, in detail, of expenses incurred while traveling on city business.

NAME:	ADDRESS:
FIRST MIDDLE LAST	
SOCIAL SECURITY NO.:	
AMOUNT TO PAY:	ZIP CODE

DATE Mo Day Year	DESCRIPTION	AMOUNT		ACCOUNT NAME	ACCOUNT NUMBER	OBJECT CODE	AMOUNT
	TRAVEL		1				
			2				
			3				

Object of Trip:

Departure Date: _____ Hour: _____ Return Date: _____ Hour: _____

Date Mo.	Day	Where Incurred	Lodging	Breakfast	MEALS Lunch	Dinner	Transportation	Other expenses Taxi, phone, etc. Item	Amount	Total for each item
		Total each column						Total each column		

If an adjustment is made a supplemental expense account may be filed when proper documentation has been obtained. The original reimbursement check number should be referenced when filing a supplemental claim.
Check No. _____

APPROVED _____
HEAD OF DEPT. DATE

_____
MAYOR/MANAGER DATE

I certify that the above stated expenses were incurred by me while on city business.

If an error is found, please return for correction. (Otherwise the necessary adjustment will be made.)

_____
SIGNATURE

_____
TITLE

PLEASE STAPLE RECEIPTS TO THIS FORM