REIMBURSEABLE EXPENSE VOUCHER AS AUTHORIZED BY ADMINISTRATIVE BOARD RULE NO.2

CITY OF PHILADELPHIA
OFFICE OF THE DIRECTOR OF FINANCE
ACCOUNTING BUREAU

TRAVEL EXPENSE INCURRED

- ☐ Within Philadelphia
- ☐ Within 200 miles of Philadelphia
- ☐ Beyond 200 Miles of Philadelphia

Place "X" in a Box

FINANCE OFFICE USE ONLY

DOCUMENT # RPXX
BATCH #
BATCH DATE
CODED BY

DEPARTMENT — FIRE

DATE OF VOUCHER — Date

EMPLOYEE NAME AND TITLE — Name & Title

PERIOD (INCLUDE DATES) — Dates of Travel

REIMBURSEMENT RECEIVED FROM PETTY CAH (SIGNATURE)

Give adequate, concise description of all expenditures, rates, etc. List TIPS as a separate item in the column pertaining to the basic expenditure. List and encircle "CHARGE" items but do not include the sums in the totals. Deviations from the allowable expenditure must be explained by seperate letter to accompany this voucher. Attach available supporting receipts to this voucher.

TO BE REIMBURSED TO: ☐ EMPLOYEE ☐ PETTY CASH — "X" in Box

VENDOR NUMBER — SUF — Enter 01 in SUF Box

*DOUBLE ROOM (Details - Name and official status of other occupant. If spouse, so state)

SUFFIX	01	02	03	04	05
FUND					
DIVISION					
RC/OUTPUT (OPTIONAL)					
INDEX CODE					
USER CODE					
GRANT					
GRANT DETAIL					
PROJECT					
PROJECT DETAIL					
AMOUNT	$0.00				

City Employees Enter EMP then 6 digit payroll number

All other members enter Social Security Number

I certify that all items of expense listed in this statement are proper charges against the City of Philadelphia which were incurred by me in the discharge of the stated official business in accordance with Administrative Board Rule No. 2. I further certify I have not previously claimed or received reimbursement for these expenditures.

All Member are to sign in this box

(Brief Explanation of Reason for Expenditures) (Employee's Signature)

TOTAL $0.00

DATE	MILE ALLOW.	PARK	TOLLS	TAXI	RAIL, BUS OR AIRLINE MODE	RAIL, BUS OR AIRLINE AMOUNT	EXPLANATIONS (POINTS OF TRAVEL (FROM - TO) NATURE OF OTHER EXPENSE, ETC.)	OTHER EXPENSE AMOUNTS	REGIS-TRATION	LODGING SINGLE ROOM	LODGING *DOUBLE ROOM	FOOD FUNCTION OR CONFERENCE	FOOD PER DIEM MEALS AND IE
	<----ENTER TOTAL ALLOWANCE REVERSE SIDE												
	$0.00	$0.00	$0.00	$	--->			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Parking YOU paid

Tolls YOU paid

Cab fare YOU paid

Mode (Rail, Bus, or Plane) that YOU paid

Reason for travel (i.e. SAC/TFL/TRF Mtg, CDL Training, etc)

Other expenses (explain in remarks

Registration Fee YOU paid (if any)

Enter total for each night (including tax

Enter Per Diem as stated on GSA website

SUPERVISOR'S APPROVAL (WHEN NECESSARY)

(SIGNATURE)

(DATE)

AUTHORIZATION AND REQUISITION FOR PAYMENT -

TO: THE DIRECTOR OF FINANCE AND CITY CONTROLLER

I certify: the activities for which these expenditures were incurred were properly authorized by me in accordance with Administrative Board Rule No. 2, and are proper charges against the accounts indicated the specific form of travel was authorized by me, and if required, an Auto Insurance Certificate is on file in this agency. I request the employee, or Petty Cash Fund, as indicated above, be reimbursed in the total amount shown on this voucher.

(DATE) (SIGNATURE)

TO THE CITY CONTROLLER:

I certify that this request for payment has been examined. It is properly chargeable to the appropriation account indicated, and the available balance is adequate to meet payment.

Director of Finance

1. City Controller **2. Finance** **3. Department** **4. Employee**