



City of Hartford Travel Expense Reimbursement Form

Employee Name:	Employee ID:	
Department:	Dates of Travel:	
Purpose:	Destinations (GSA Per Diem Rate):	
EXPENSE CATEGORY	Estimated Cost	Actual Cost
TRANSPORTATION (Receipts)		
LODGING (Receipts)		
MEALS (PER DIEM)		
INCIDENTALS (NOT TO EXCEED \$15.00 PER DIEM)		
OTHER (Receipts)		
TOTAL EXPENSES	\$0.00	\$0.00
AMOUNT TO BE REIMBURSED		
Estimated Cost Approval	Actual Cost Approval	
Dept. Head Signature	Dept. Head Signature	
<p>Employees will be reimbursed for meals provided that the per diem rate for the meeting location established by US General Services Administration (GSA), available at www.gsa.gov is not exceeded.</p>		