

ADDENDUM "A"

VILLAGE OF NEW BERLIN, ILLINOIS

TRAVEL EXPENSE REPORT

Attach All Bills and Receipts to this Report. Must be Completed and Returned within 5 Working Days after travel.

Name: _____ Department: _____

Name/Purpose/Location of Travel: _____

Travel pre-approved by: _____ on _____

Travel Dates From _____ to _____

	Date:	Date:	Date:	Date:	Date:
Hotel Expense					
Breakfast (if not included)					
Lunch (if not included)					
Dinner (if not included)					
Travel Fares (Airlines, Train, Etc.)					
Taxi and/or Bus					
Mileage Reimbursement (Below)					
Parking					
Toll Fees					
Registration Fees					
Misc. Fees (Please Specify)					
TOTAL EXPENSES					

Mileage Reimbursement for Travel with Private Automobile

Date of Travel	Location From/To	Miles	CMS Reimb. Rate	Total Amount Due

I hereby certify that the information hereon is true and accurate.

Signature: _____ Date: _____

(Employees only) Department Head Approval: _____ Date: _____

(See Illinois Central Management Services' Travel Reimbursement Schedule)

ADDENDUM "B"

EXPENSE REIMBURSEMENT FORM

At least three business days in advance of incurring an expense for an Authorized Expenditure, the following minimum documentation must be submitted, in writing, to the Clerk of the Village of New Berlin:

Employee Name: _____

Title: _____

Description of Expense:

Expected Date of Expenditure: _____

Estimated Expense Amount: _____

VILLAGE PRESIDENT APPROVAL OF EXPENDITURE

Approval Signature: _____

Date of Approval: _____

Within 30 calendar days after incurring the expense, and following approval, the employee shall submit appropriate supporting documentation (i.e., receipt). Where supporting documentation is nonexistent, missing or lost, the employee shall submit a signed statement regarding any such receipts.

Actual Expense Amount: _____

Employee Signature

Date