City of Richmond
Administrative Policy (AP) Manual

INTERNATIONAL TRAVEL/TRAINING EXPENSE REPORT FOR REIMBURSEMENT

Employee Vendor #:		**Employee Name:**	
Office Phone:		Title:	
Dates of Event - From (Date):		Department:	
To (Date):		Location of Trip:	
Travel Date to Event (flight, train, etc.):		Purpose of Trip:	
Return Travel Date (flight, train, etc.):		COR assigned location (address):	
Foreign Exchange Rate available at:	www.fiscal.treasury.gov	Travel/Training number of days:	

Portion of travel extended for personal reasons must be paid with personal funds separately from CalCard (rental car on separate contract, hotel, meals, etc.) and is not reimbursable. Please enter below the beginning date and end date for the portion of this travel that was for personal reasons.

Beginning date (personal travel):		End date (personal travel):	

Date of Payment	**Day of Trip** (please choose or enter)	**Account String**	**Description**	**Method of Payment** (please choose or enter)	**Expense Type** (please choose or enter)	**Country Receipt Amount**	**Foreign exchange rate for date of receipt**	**US Dollar Amount**
	-			-	-			0.00
	-			-	-			0.00
	-			-	-			0.00
	-			-	-			0.00
	-			-	-			0.00
	-			-	-			0.00
	-			-	-			0.00
	-			-	-			0.00
	-			-	-			0.00
	-			-	-			0.00
					SUBTOTALS	$ 0.00		
							GRAND TOTAL	$ 0.00

I certify this International Travel/Training Expense Report for Reimbursement as true and correct to the best of my knowledge and belief, and I have not previously received payment and/or credit for the items described on this

All expenses, including meals, must be within the guidelines described in the City of Richmond AP Manual.

All City of Richmond required documentation, which includes original itemized receipts for reimbursable expenses, must be attached to this International Travel/Training Expense Report for Reimbursement and submitted within ten (10) business days of return from travel/training.

Please find meal allowance for international travel at: aoprals.state.gov Attach copy of dated website page(s) w/MI&E info highlighting area(s) visited.

Expenses without attachments will not be reimbursed.

Employee Signature:		**DATE:**	

The above is approved for payment.

Department Director Signature:		**DATE:**	