

**TOWN OF HILLSBOROUGH  
REIMBURSEMENT REQUEST FOR  
TRAVEL COSTS PAID BY CITY COUNCILMEMBER**  
(Submit to Finance Director)

NAME: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

DATE(S) OF TRAVEL: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

NAME OF PERSON (Mayor, Vice Mayor, City Manager): \_\_\_\_\_  
(who concurred in advance that travel was relevant to Councilmember's performance of official duties)

LODGING EXPENSES (Attach receipts): \$ \_\_\_\_\_

TRANSPORTATION EXPENSES (Attach receipts):

AIRFARE \$ \_\_\_\_\_

TRAIN FARE \$ \_\_\_\_\_

VEHICLE RENTAL \$ \_\_\_\_\_

GROUND TRANSPORTATION  
(cab, bus, shuttle, subway) \$ \_\_\_\_\_

PRIVATE VEHICLE USE \$\_\_\_\_\_/mile x \_\_\_\_\_ miles \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

OTHER EXPENSES (Attach receipts):

MEALS (daily per diem/ x \_\_\_\_\_ days) \$ \_\_\_\_\_

REGISTRATION FEES & OTHER PROGRAM CHGS \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

TOTAL AMOUNT OF CLAIM: \$ \_\_\_\_\_

I certify that this claim is a true record of expenses incurred for travel relevant to my performance of my official duties.

\_\_\_\_\_  
CITY COUNCILMEMBER SIGNATURE

\_\_\_\_\_  
DATE

APPROVED FOR PAYMENT:

\_\_\_\_\_  
FINANCE DIRECTOR

\_\_\_\_\_  
DATE