Completing the Post Travel Expense Report

Post Travel Expense Report

West Des Moines.

Employee Name	
Department	
PO Number	
Training/Conference Name	
Dates of Travel	to
Travel City	

Complete this section. Info will flood fill to page 2.

Enter the number of full days of travel.

Enter the Meals & Incidentals amount for your travel city as found on www.gsa.gov.

Per Diem

Travel City Daily Rate (per www.gsa.gov)		$		Prepaid by Invoice	P Card	Employee
# of days						
2	First and last day of travel paid at					0.00
	Full days of travel					0.00

*Per Diem for Overnight Travel only. For ... Policy for complete details.

Complete this section for Overnight Travel Only.
For Non-Overnight Travel, enter meals and incidentals in the "Other" section below.

Transportation

Transportation			Prepaid by Invoice	Paid By P Card	Paid By Employee
Date	Vendor				
Personal Auto Mileage		$			
	total miles during travel				0.00

Complete EITHER the top part of this section for airfare OR the bottom part for Personal Mileage. Not both.

Enter current per mile rate here if entering Personal Mileage.

Other

Other Expenses (conference registration, hotel, parking etc)		Prepaid by Invoice	Paid By P Card	Paid By Employee
Date	Item			

Enter ALL other expenses here including meals for Non-Overnight Travel.

Total Paid By Invoice	0.00	
Total Paid By PCard		0.00
Total To Be Reimbursed to Employee (will be reduced by any amount paid in advance)		0.00
Total Travel Expense		0.00
Approved PO Amount		
Overage (if any)		

This Section ... Use Only

No further action required.

Hold receipts and submit during regular P-Card Allocation process.

Submit this form along with all allowable expense receipts to Dept Admin for reimbursement.

I certify that the information above is an accurate record of the expenses I incu... ...oines.
*Refer to Section 10- Travel & Business Expenses in the Employee Handbook...

Signature_____ Date_____

Post Conference Report

THE CITY OF
West Des Moines.

Employee Name _____

Department_____

Training/Conference Name _____

Dates of Attendance _____

Conference City, State _____

Please provide a summary of the conference:

What are your major takeaways from this conference?

What changes/improvements/methods will you implement based on what you learned at this conference?

Any further information you would like to provide?

Did you find this conference beneficial to your position/department?   ◯ Yes ◯ No

Do you recommend attending this conference again in the future?   ◯ Yes ◯ No

Signature_____ Date_____