

Post Travel Expense Report



Employee Name _____

Department _____

PO Number _____

Training/Conference Name _____

Dates of Travel _____ to _____

Travel City, State _____

Per Diem*	Travel City Daily Rate (per www.gsa.gov)		Prepaid by Invoice	Paid By P Card	Paid By Employee
	# of days	\$			
	2	First and last day of travel paid at 75% of per diem rate			
		Full days of travel			

**Per Diem for Overnight Travel only. For Non-Overnight Travel, list meals under Other Expenses. See Travel Policy for complete details.*

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

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

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

I certify that the information above is an accurate record of the expenses I incurred while traveling on behalf of the City of West Des Moines.

*Refer to Section 10- Travel & Business Expenses in the Employee Handbook

Signature _____ Date _____



Post Conference Report

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 _____