

CITY OF HIGHLAND PARK
Travel, Training and Business Expense Reimbursement Request

Date:			
Employee Name:			
Department/Position:			
Expense Dates:			
Destination:			
Reason:			

CALUCULATION GUIDE:

MILEAGE GUIDE	Total Miles:	Minus Regular Commute:	x \$0.725 (2026)	Equals:
PER DIEM GUIDE	Breakfast	Lunch	Dinner	Incidentals
	\$15.00	\$20.00	\$25.00	\$5.00

Per diem for meal(s) are paid only if not included in the conference or training event. Training or conference documentation must be provided showing whether meals are or are not included in the conference or training cost.

ITEM	PRE-TRAVEL		POST-TRAVEL	
	ESTIMATED COST	ADVANCE RECEIVED	ACTUAL COST	TOTAL COST (City and Employee)
AIR TRANSPORTATION				
GROUND TRANSPORTATION				
TOLLS				
PARKING				
LODGING				
PER DIEM MEALS/INCIDENTAL				
REGISTRATION & EVENTS				
MISCELLANEOUS				
MILEAGE				
TOTALS:				

APPROVALS

PRE-TRAVEL APPROVAL	Department Approval:	
	City Manager Approval: (Out of State Travel)	
POST-TRAVEL APPROVAL	Employee Signature:	
	Human Resources Approval:	
	Total Due to Employee:	
	Total Due to City: (For Advances- if actual exceeds advance)	

Please include all receipts necessary. For personal auto use; by signing above, the employee confirms having a valid driver's license and vehicle insurance coverage that meets or exceeds the State of Illinois vehicle insurance requirements.

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EXPENSE CATEGORY								
TRANSPORTATION & LODGING	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTALS
AIR TRANSPORTATION								
GROUND TRANSPORTATION								
TOLLS								
PARKING								
LODGING								
TOTAL:								
PER DIEM MEALS/INCIDENTAL	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTALS
BREAKFAST								
LUNCH								
DINNER								
PER DIEM INCIDENTAL								
TOTAL:								
OTHER BUSINESS EXPENSES	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTALS
REGISTRATION/EVENTS								
EXAM FEES								
OTHER								
TOTAL:								
GRAND TOTAL:								