



Sample Forms

Dear Reader:

The following document was created from the MTAS website ([mtas.tennessee.edu](https://www.mtas.tennessee.edu)). This website is maintained daily by MTAS staff and seeks to represent the most current information regarding issues relative to Tennessee municipal government.

We hope this information will be useful to you; reference to it will assist you with many of the questions that will arise in your tenure with municipal government. However, the *Tennessee Code Annotated* and other relevant laws or regulations should always be consulted before any action is taken based upon the contents of this document.

Please feel free to contact us if you have questions or comments regarding this information or any other MTAS website material.

Sincerely,

The University of Tennessee
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Sample Forms

Reference Number: MTAS-1172

Examples of travel forms below.

Authorization for Travel Form

Reference Number: MTAS-1173

AUTHORIZATION FOR TRAVEL

CITY OF _____

I hereby request authority for travel on official city business to the destination on the dates and for the purpose indicated below.



DATE	CITY & STATE	HOTEL ADDRESS	PURPOSE OF TRIP

ACCOMPANIED BY _____

Applicant _____ Department Account _____

Signature _____

Total Estimated Cost of Travel \$ _____

SPECIAL FUNDING REQUESTS (Circle items requested)

(1) Registration Pre-payment

(2) Pre-paid Airline Tickets

(3) Travel Advance of \$ _____

APPROVAL (Please Note: Approval of travel requests by the signatory below indicates that adequate funding is provided in appropriations to cover the estimated cost of this travel.)

Signature _____

Signature _____

Department Head

Chief Administrative Officer

Statement of Expense Claims Sample Form

Reference Number:

MTAS-1174

CITY OF _____

Form T-2

STATEMENT of EXPENSE CLAIMS incurred while traveling on city business

NAME:	ADDRESS:
SOCIAL SECURITY NO.	
AMOUNT TO PAY:	ZIP CODE

Date Mo Day Year	DESCRIPTION	AMOUNT		ACCOUNT NAME	ACCOUNT NUMBER	OBJECT CODE	AMOUNT
	TRAVEL		1				
			2				
			3				

Object of Trip: _____

Departure Date: _____ H _____ Date: _____ H _____

Date Mo Day	Where Incurred	Lodging	Break- fast	MEALS Lunch	Dinner	Trans- portation	Other Expenses Taxi, phone, entertainment, etc. Amount	Total each line
Total each column							Total each column	



<p>If an adjustment is made a supplemental expense account may be filed when proper documentation has been obtained. The original reimbursement check number should be referenced when filing a supplemental claim. Check No.</p> <p>APPROVED _____ HEAD OF DEPARTMENT DATE</p> <p>APPROVED _____ MAYOR/MANAGER DATE</p>	<p>I certify that the above stated expenses were incurred by me while traveling on City business.</p> <p>If an error is found, please return for correction. (Otherwise the necessary adjustment will be made.)</p>
	(SIGNATURE)
	(TITLE)

DISCLAIMER: The letters and publications written by the MTAS consultants were written based upon the law at the time and/or a specific sets of facts. The laws referenced in the letters and publications may have changed and/or the technical advice provided may not be applicable to your city or circumstances. Always consult with your city attorney or an MTAS consultant before taking any action based on information contained in this website.

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Municipal Technical Advisory Service
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