



CITY OF CENTRAL FALLS TRAVEL POLICY

This policy will provide guidance on the procedures City of Central Falls employees will be expected to follow with regard to:

- I. Travel Request and Travel Final Report
- II. Procedure

I. Travel Request and Travel Final Report

Any travel in your capacity as a city employee or city official and/or city funded travel must be approved by Department Head and Finance Director prior to any encumbrances.

Final Travel Report including all spending related to approved travel must be submitted to the Department Head and Finance Director.

II. Procedure

Travel Request

- Travel Request forms are available from department heads or the Finance Office.
- Form requires traveler name, date of trip, purpose of trip, funding source and estimated cost.
- Form must be approved by department head and finance director. Finance office maintains original.

Travel Final Report

- Travel Final Report forms are available from department heads or the Finance Office.
- Form requires traveler name, date of trip, purpose of trip, funding source and detailed cost information.
- Receipts for all related travel.
- Payment method – credit card, city check, employee reimbursement.
- Account coding of all expenses.
- Any outside funding sources.
- Form must be approved by department head and finance director. Finance office maintains original.

Finance Mary Signy Date 11/21/22 HR Cal W Date 11/21/22



TRAVEL REQUEST FORM

Fill out the form below completely. All receipts should be attached to the form and emailed to Msigner@centralfallsri.us

Date:

Travel Dates:

Purpose of Trip (attach conference or meeting materials, reg forms, when applicable):

Third Party Payments (If applicable; please attach any documents):

Submitted by:

Employee Signature:

Total Estimated Expense (Please include airfare, hotel, meals, rental, conference cost, etc.)

Amount

Total

APPROVED BY

Department Head Signature: _____

Finance Director Signature: _____



TRAVEL FINAL REPORT FORM

Fill out the form below completely. All receipts should be attached to the form and emailed to Msigner@centralfallsri.us

Date:

Travel Dates:

Purpose of Trip (attach conference or meeting materials, reg forms, when applicable):

Third Party Payments

(If applicable; please attach any documents):

Submitted by:

Employee Signature:

Total Expense - Please include airfare, hotel, meals, rental, conference cost, etc. Include receipts and indicate account coding.

Amount

Total

APPROVED BY

Department Head Signature: _____

Finance Director Signature: _____