

CITYWIDE PARENT POLICY COMMITTEE

TRAVEL EXPENSE STATEMENT

Submit to DFSS after return from travel

Included all itemized meal receipts

Parent Name:		Parent Phone:		Parent Title:			
Home Address:		Delegate Agency:		Travel Dates: From		to	
DA Staff Contact:			Conference Title:				
Purpose of Trip:							
Date	Ground Transportation	Common	Room & Taxes	Other	Other		TOTAL EXPENSES
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
* <i>Explanation of Miscellaneous Expenses:</i>					Subtotal (0245)		0.00
					Registration Fees (0169)		
					Total Expenses		
					Less Advance		
					Less Prepaid Expenses		
					Balance Due City		
					Balance Due Member		0.00
I hereby certify that this Travel Expense Statement is in accordance with the policies and procedures of the Chicago CPPC. All receipts included are original.				<div style="display: flex; justify-content: space-between;"> <div> _____ Approving Finance Director or Designee </div> <div> _____ Date </div> </div>			
_____ CPPC Member Signature		_____ Date		_____ DFSS Approval		_____ Date	