

\*\*\* Complete this Form and Send All Copies to City Manager for Approval \*\*\*

### CITY OF HENDERSONVILLE

#### Authorization and Advance on Traveling Expense

Date: \_\_\_\_\_

I, \_\_\_\_\_; Request an advance for travel expense in the amount of \$ \_\_\_\_\_

for \_\_\_\_\_ person(s) for a trip to \_\_\_\_\_

List  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date - From \_\_\_\_\_ to \_\_\_\_\_

Necessity for trip  
\_\_\_\_\_  
\_\_\_\_\_

Funds requested above were provided in, and do not exceed, budget allowance as approved by City Council  
for current budget year: \_\_\_\_\_

**FINANCE DEPT. USE ONLY**

\_\_\_\_\_  
City Controller

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dept. Head

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Vendor No.

Account Numbers  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Furnish approved Expense Report to Finance Dept within 7 days upon return  
from trip.