



City of Cambridge

1.

IN CITY COUNCIL
December 19, 1994

COUNCILLOR DUEHAY
COUNCILLOR BORN
COUNCILLOR TRIANTAFILLOU

ORDERED: That all items on the 1994 City Council Calendar be placed in the City Council file on December 31, 1994 subject to recall, unless any City Councillor indicates to the City Clerk that she/he wishes to have an item remain on the Calendar.

In City Council December 19, 1994
Adopted by the affirmative vote of nine members.
Attest:- D. Margaret Drury, City Clerk.

A true copy;

D. Margaret Drury

ATTEST:-

D. Margaret Drury
City Clerk

CITY OF CAMBRIDGE
TRAVEL EXPENSE REPORT

THIS REPORT IS FOR:

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT _____
(LOCATION)
ON _____ SPONSORED BY _____
(Session Date(s)) (Meeting Sponsor)
☐ OTHER: _____
(Describe Reason for Incurring Expenses)

TRANSPORTATION:

DATE OF DEPARTURE _____ DATE OF RETURN _____

☐ PRIVATE AUTOMOBILE _____ MILES AT _____ ¢ PER MILE\$ _____
☐ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET).....\$ _____
☐ RENT A CAR AT MEETING LOCATION (ATTACH COPY OF BILL).....\$ _____

HOTEL OR MOTEL:

☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL).....\$ _____

MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACHED RECEIPT).....\$ _____

DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER).....\$ _____

TOTAL EXPENSES.....\$ _____

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED.....\$ _____

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY).....\$ _____

EQUALS

☐ REFUND WHICH I OWE TO CITY, MY CHECK IS ATTACHED.....\$ _____

OR

☐ AMOUNT OWING ME BY CITY, I REQUEST REIMBURSEMENT.....\$ _____

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS REPORT ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE CITY ACTIVITY NOTED ABOVE.

DATED THIS _____ DAY OF _____, 19 _____.

(Signature of Employee)

(Address and City)

NOTE TO CAMBRIDGE EMPLOYEE: This report is for expenses personally incurred by you as an employee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the City, do not list on this report. If you travel with a family member or other person not connected with the City, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the City.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item required an explanation, mark the item with an asterisk and write the explanation on the reverse side of this report. Reimbursement of expenses claimed on this report is subject to any expense policy or limitation which may have been adopted by the City of Cambridge.

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SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF DEPARTMENT HEAD (IF REQUIRED):

DAILY EXPENSES (ATTACH RECEIPTS FOR ANY SINGLE ITEM OF \$25 OR MORE):

NUMBER OF DAYS SPENT ON THIS CITY ACTIVITY INCLUDING TRAVEL DAYS _____

DATE: _____

BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____
DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____
PORTERS - BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____

(Other)

TOTAL THIS DATE \$ _____

DATE: _____

BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____
DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____
PORTERS - BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____

(Other)

TOTAL THIS DATE \$ _____

DATE: _____

BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____
DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____
PORTERS - BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____

(Other)

TOTAL THIS DATE \$ _____

DATE: _____

BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____
DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____
PORTERS - BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____

(Other)

TOTAL THIS DATE \$ _____

DATE: _____

BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____
DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____
PORTERS - BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____

(Other)

TOTAL THIS DATE \$ _____

IF MORE THAN
FIVE DAYS, ATTACH
AN ADDITIONAL
REPORT SHEET

TOTAL OF ALL DAILY EXPENSES \$ _____
(Transfer amount to front
side of report)

.....
EXPLANATIONS (IF NEEDED)



CITY OF CAMBRIDGE
CAMBRIDGE, MASSACHUSETTS 02139

TEL 349-4300
FAX 349-4307

EXECUTIVE DEPARTMENT
ROBERT W. HEALY
City Manager

RICHARD C. ROSSI
Deputy City Manager

November 7, 1994

To the Honorable the City Council:

With respect to Awaiting Report #38 regarding the issue of credit cards to employees and elected officials, please be advised that the only authorized credit cards issued are to the City Manager and the Mayor. The guidelines as to the use of these cards are simple: for official city business only.

While recent news reports may have challenged such use, the declaration that the charge was for city business is made by the user of the credit card.

A bills payable schedule containing the credit card charge slip is submitted for payment.

Effective immediately, I will require that additional documentation be submitted, including the names of the persons present and the nature of the city business, unless such documentation might impede litigation, collective bargaining or other confidential matters.

Also, for your additional information, please find a copy of the expense report that, beginning this fiscal year, is required to be submitted by all city of Cambridge employees who were reimbursed for travel expenses.

Very truly yours,

Robert W. Healy
City Manager

RWH/dls

Consent Agenda #31

Cal #24
S - 392

Response to an Awaiting Report
Item No. Thirty-eight, regarding
the issue of credit cards to
employees and elected officials.

11/14/94 Yabbed by
Councilman
Tarrantaillon
12/19/94 Placed on file
pursuant to Order
1 of 12/19/94

Charter Right
exercised by
Councilman Jooney

In City Council,

November 7, 1994