Travel Request and Authorization (TRA)

This form is required for all overnight travel or if local registration is over \$1000 and must be approved in advance. Advances will not be issued for local expenses. (Admin Guideline F-01).

TRA estimate expenses must be within 10% of Business Expense Stmt(BES).

Name:	Michael Wilkes		Employee #	Dep		artment		
Purpose of Travel:	attend NLC			Г	Destination:			
Departure Date:	11/12/24	Return Date:	11/16/24					
Comments:								
Sharing hotel room?	Whom with:		E1 Budg	eted Accour	nt #			
	Amount to	Amount to	Amount to					
	City PCard	Vendor	Employee					
Registration:								
Airfare:	600.00			Lodging Rate		# days	15%	Total
Lodging:	1,610.00			280.00	per day @	5	42.00	1,610.00
Car Rental:								
KCI Airport parking:								
	Meals Overnight To		Travel	Per Diem for Meals	<u>Rate</u>	# of day	<u>s</u>	
	Search for	or City - GSA.	gov website	Per Diem rate	64.00	5.0	320.00	
				M&IE Breakdo	wn - Deduc t	t meals p		
	Enter Per Diem Rate		(cell F21)	Breakfast	14.00		-	
				Lunch	16.00		-	
	M&IE Meal breakdown will auto populate			Dinner	29.00		-	
Per Diem for Meals:	No receipts required		320.00					
Private Vehicle Mileage:			53.60	80	Miles @	0.670	per mile	
Cab/Shuttle fares/								
Tolls/Baggage fees:								
Fuel - City Vehicle:								
Other:				Describe:				
Am	ount Charge c	2,900.00						
Amount to Vendors			-	•	ACH direct	deposit r	ather than a ch	eck
Travel Advance = Amount to Employee			373.60	•	can be prov	vided. Coi	mplete and sub	mit -
TOTAL ESTIMATED EXPENSES			3,273.60		AP ACH Fo		,	
				:				
\ <u> </u>					Ap	proved	Disapproved	Date
Michae Willes (Oct 10, 2024 11:43 CDT)			Division Manage	- Citura				
Employee Signature	er Signature							
			ector Signature					
			ip an arrival and					
		City Manager Signature (if required)						

Michael TRA Tampa sign

Final Audit Report 2024-10-10

Created: 2024-10-10

By: Cathy Marks (CMMarks@OLATHEKS.ORG)

Status: Signed

Transaction ID: CBJCHBCAABAAdEQt8-VXpZQk5o8aZEmloRJora3iy1V

"Michael TRA Tampa sign" History

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