



Complete the yellow cells

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 Copeland	Employee #	125633	Department	CMO
Purpose of Travel:	Regional White House Conference			Destination: Washington, DC	
Departure Date:	7/24/19	Return Date:	7/26/19		
Comments:					
Sharing hotel room? Whom with:				E1 Budgeted Account #	1001010.62220
Registration:	Amount to City PCard	Amount to Vendor	Amount to Employee		
Airfare:				Lodging Rate	# days
Lodging:		600.00		300.00	per day @
Car Rental:		690.00		2	45.00
KCI Airport parking:		40.00			690.00
Meals Overnight Travel	Per Diem for Meals	Rate	# of days		
Search for City - GSA.gov website	Per Diem rate	76.00	2.0	152.00	
Enter Per Diem Rate (cell F21)	M&IE Breakdown - Deduct meals provided				
M&IE Meal breakdown will auto populate	Breakfast	18.00		-	
No receipts required	Lunch	19.00		-	
Private Vehicle Mileage:	Dinner	34.00		-	
Cab/Shuttle fares/					
Tolls/Baggage fees:					
Fuel - City Vehicle:					
Other:					
Describe: _____					

Amount Charge on City P Card _____

Amount to Vendors 1,480.00

ACH direct deposit rather than a check

Travel Advance = Amount to Employee **198.40**

can be provided. Complete and submit -

TOTAL ESTIMATED EXPENSES 1,678.40[AP ACH Form](#)

Employee Signature

Division Manager Signature

Approved Disapproved Date _____

Department Director Signature

City Manager Signature (if required)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____