



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	

	Amount to City PCard	Amount to Vendor	Amount to Employee																									
Registration:																												
Airfare:		600.00		Lodging Rate # days 15% Total																								
Lodging:		690.00		300.00 per day @ 2 45.00 690.00																								
Car Rental:																												
KCI Airport parking:		40.00																										
	Meals Overnight Travel Search for City - GSA.gov website Enter Per Diem Rate (cell F21)			<table><thead><tr><th>Per Diem for Meals</th><th>Rate</th><th># of days</th><th></th></tr></thead><tbody><tr><td>Per Diem rate</td><td>76.00</td><td>2.0</td><td>152.00</td></tr><tr><td colspan="4">M&IE Breakdown - Deduct meals provided</td></tr><tr><td>Breakfast</td><td>18.00</td><td></td><td>-</td></tr><tr><td>Lunch</td><td>19.00</td><td></td><td>-</td></tr><tr><td>Dinner</td><td>34.00</td><td></td><td>-</td></tr></tbody></table>	Per Diem for Meals	Rate	# of days		Per Diem rate	76.00	2.0	152.00	M&IE Breakdown - Deduct meals provided				Breakfast	18.00		-	Lunch	19.00		-	Dinner	34.00		-
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Per Diem for Meals:	No receipts required		152.00																									
Private Vehicle Mileage:			46.40	80 Miles @ 0.580 per mile																								
Cab/Shuttle fares/																												
Tolls/Baggage fees:		150.00																										
Fuel - City Vehicle:																												
Other:				Describe: _____																								

Amount Charge on City P Card	-
Amount to Vendors	1,480.00
Travel Advance = Amount to Employee	198.40
TOTAL ESTIMATED EXPENSES	1,678.40

ACH direct deposit rather than a check can be provided. Complete and submit - [AP ACH Form](#)

	Approved	Disapproved	Date
Employee Signature	<input type="checkbox"/>	<input type="checkbox"/>	
Division Manager Signature	<input type="checkbox"/>	<input type="checkbox"/>	
Department Director Signature	<input type="checkbox"/>	<input type="checkbox"/>	
City Manager Signature (if required)	<input type="checkbox"/>	<input type="checkbox"/>	