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 beissued for local expenses. (Admin Guideline F-01).TRA estimate expenses must be within 10% of Business Expense Stmt(BES).

Name:	Matthew Schoonover		Employee #		Department CMO			
Purpose of Travel:	Visit Washing	gton Delegate	S	Destination: Washin			gton, DC	
Departure Date:	5/13/25	Return Date:	5/14/25					
Comments:								
Sharing hotel room? Whom with:				E1 Budg	eted Accou	nt #		
				r				
	Amount to	Amount to	Amount to					
	City PCard	Vendor	Employee					
Registration:								
Airfare:	600.00			Lodging Rate	1	# days	15%	Total
Lodging:	1,265.00			550.00	per day @	2	82.50	1,265.00
Car Rental:								
KCI Airport parking:	30.00							
	Meals Overnight		Travel	Per Diem for Meals	<u>Rate</u>	# of day	s	
	Search fo	or City - GSA.	<u>gov website</u>	Per Diem rate	92.00	3.0	276.00	
				M&IE Breakdo	t meals p	orovided		
	Enter P	Per Diem Rate	(cell F21)	Breakfast	23.00	1	23.00	
				Lunch	26.00		-	
	M&IE Meal breakdown will auto populate			Dinner	38.00	2	76.00	
Per Diem for Meals:	No receipt	ts required	177.00					
Private Vehicle Mileage:			56.00	80	Miles @	0.700	per mile	
Cab/Shuttle fares/								
Tolls/Baggage fees:			150.00					
Fuel - City Vehicle:								
Other:				Describe:				
Amount Charge on City P Card								
Amount to Vendors			-		ACH direct deposit rather than a check			
Travel Advance = Amount to Employee			383.00		can be provided. Complete and submit -			
TOTAL ESTIMATED EXPENSES			2,278.00		<u>AP ACH Form</u>			
Appro <u>ved</u> Disapproved Da							Date	

Employee Signature

Division Manager Signature

Department Director Signature

City Manager Signature (if required)