

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).

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Name:	Michael Wilkes Employee #			124720 Department CMO				
Purpose of Travel:	SGR confere			Destination: Dallas, TX				
Departure Date:	Jan. 24	Return Date:	Jan. 26	•				
Comments:								
Sharing hotel room? Whom with:				E1 Budg	eted Accour	nt#	1001020.62220	
, , , , , , , , , , , , , , , , , , ,	Amount to City PCard	Amount to Vendor	Amount to Employee					
Registration:	450.00							
Airfare:	400.00			Lodging Rate		# days	15%	Total
Lodging:	580.00			250.00	per day @	2	37.50	575.00
Car Rental:								
KCI Airport parking:								
	Mea	als Overnight	Travel	Per Diem for Meals	<u>Rate</u>	# of day	<u>s</u>	
	Search fo	or City - IGSA.	gov website	Per Diem rate	64.00	3.0	192.00	
				M&IE Breakdo	wn - Deduc t	t meals p	rovided	
	Enter F	er 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 receipt	s required	192.00					
Private Vehicle Mileage:			52.40	80	Miles @	0.655	per mile	
Cab/Shuttle fares/								
Tolls/Baggage fees:	100.00							
Fuel - City Vehicle:			,					
Other:				Describe:				
Am	ount Charge c	on City P Card	1,530.00					
Amount to Vendors			-	•	ACH direct o	deposit r	ather than a che	ck state
Travel Advance = Amount to Employee 244.40				•			mplete and subr	경우 경우 환경
TOTAL ESTIMATED EXPENSES 1,774.40			•	AP ACH Fo				
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					Ар	proved	Disapproved	Date
Employee Signature			Division Manage	er Signature			<u> </u>	
								
			Department Dir	ector Signature				. (1 -
				A Company of the Comp				12/1/23
			City Manager Si	gnature (if required)		<u></u>		(' /)
			()					