

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:	John Bacon Emi		Employee #	Department CMO				
Purpose of Travel:	to meet with	delegates	,	Destination: Washington, DC				
Departure Date:		Return Date:	5/16/24	<del></del>				
Comments:				•				
Sharing hotel room?	Whom with:			E1 Budge	eted Accour	nt#	council/educa/t	rain
	From . Androne was conse	To serve as		•		<u> </u>		
	Amount to	Amount to	Amount to					
	City PCard	Vendor	Employee					
Registration:								
Airfare:				Lodging Rate		# days	15%	Total
Lodging:				600.00	per day @	2	90.00	1,380.00
Car Rental:								
KCI Airport parking:	The state of the s	BETS BETS BETS BETS BETS BETS BETS BETS						
	Mea	ıls Overnight	Travel	Per Diem for Meals	<u>Rate</u>	# of day	<u>'s</u>	
	<u> Search fo</u>	<u>or City -                                   </u>	gov website	Per Diem rate	79.00	3.0	237.00	
			oping a street that the risk of the the street	M&IE Breakdo	wn - <b>Deduc</b> t	meals p	provided	
	Enter P	er Diem Rate	(cell F21)	Breakfast	19.00	1	19.00	
				Lunch	20.00		_	
	M&IE Meal brea	kdown will auto j	oopulate	Dinner	35.00		-	
Per Diem for Meals:	No receipt	s required	218.00					
Private Vehicle Mileage:		A TOTAL OF	53.60	80	Miles @	0.670	per mile	
Cab/Shuttle fares/								
Tolls/Baggage fees:	150.00							
Fuel - City Vehicle:		<del>- ,</del>						
Other:				Describe: .				
Amount Charge on City P Card			2,157.00					
Amount to Vendors			-	•	ACH direct	deposit r	ather than a che	c <b>k</b>
Travel Advance = Amount to Employee			271.60		can be prov	ided. Co	mplete and subm	i <b>it</b> +
TOTAL ESTIMATED EXPENSES			2,428.60		AP ACH Fo	rm		
				:	District summer es	ransel (alth 2 to 8)	ASTRANTIAL OBTANIO DE	Personalitat en en la filia de la filia
					Ap	proved_	Disapproved	Date
Employee Signature		L L L Division Manager Signature						
1 1								
		,	Department Dir	ector Signature			. <u> </u>	
			City Manager Si	gnature (if required)	<del></del>		]	
			City Manager 3	Briature (ii required)				

SA 1000245

## **Cathy Marks**

From:

John Bacon

Sent:

Wednesday, April 24, 2024 8:36 AM

To:

Cathy Marks

Subject:

Re: authorization to travel

Looks good Thanks John

## Get Outlook for iOS

From: Cathy Marks < CMMarks@OLATHEKS.ORG>

Sent: Tuesday, April 23, 2024 4:19:27 PM To: John Bacon < JBacon@OLATHEKS.ORG>

Subject: authorization to travel

Hi,

Can you take a look and please reply to this email in lieu of signature, please? This doc will provide per diem and mileage before the trip to Washington, DC.

Thanks, Cathy

Cathy Marks, Assistant to the City Manager

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Administration | City of Olathe, Kansas

Setting the Standard for Excellence in Public Service





