



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:	Marge Vogt	Employee #		Department	CMO
Purpose of Travel:	Attend NLC Conference			Destination:	Washington, DC
Departure Date:	3/9/25	Return Date:	3/11/25		
Comments:					
Sharing hotel room? Whom with:			E1 Budgeted Account #		

	Amount to City PCard	Amount to Vendor	Amount to Employee			
Registration:	780.00					
Airfare:	600.00			Lodging Rate	# days	15% Total
Lodging:	1,293.75			375.00 per day @	3	56.25 1,293.75
Car Rental:						
KCI Airport parking:		60.00				
Meals Overnight Travel <a href="#">Search for City - GSA.gov website</a>				Per Diem for Meals	Rate	# of days
<i>Enter Per Diem Rate (cell F21)</i>				Per Diem rate	92.00	3.0 276.00
M&IE Meal breakdown will auto populate				<b>M&amp;IE Breakdown - Deduct meals provided</b>		
				Breakfast	23.00	-
				Lunch	26.00	-
				Dinner	38.00	-
Per Diem for Meals:	<i>No receipts required</i>		276.00			
Private Vehicle Mileage:			53.60	80 Miles @	0.670 per mile	
Cab/Shuttle fares/ Tolls/Baggage fees:	150.00					
Fuel - City Vehicle:						
Other:				Describe: _____		

Amount Charge on City P Card	2,823.75
Amount to Vendors	60.00
<b>Travel Advance = Amount to Employee</b>	<b>329.60</b>
<b>TOTAL ESTIMATED EXPENSES</b>	<b>3,213.35</b>

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"/>	



Complete the yellow cells

# Business Expense Statement (BES)

Statement to be completed according to Admin. Reg. F-01

Form must be submitted by the 15th of the following month. Attach a memo to the Approving Authority with their approval

if late or grand total exceeds 10% of Travel Authorized.

BES expenses must be within 10% of Travel Request Authorization(TRA).

Name:	Marge Vogt	Employee #	0	Department:	CMO
Business Expense Purpose:	Attend NLC Conference			Destination:	Washington, DC
Departure Date:	3/9/25	Return Date:	3/11/25		
Comments:	0			E1 Budgeted Acct #	0.00000
Sharing hotel room? Whom with:	0				

Total Expenses from TRA		BES	Paid with City PCard	Paid to Vendor	Paid by Employee																									
Registration:	780.00	Registration:				<i>Include all cost &amp; fees - Itemized receipt for Lodging required</i>																								
Airfare:	600.00	Airfare:																												
Lodging:	1,293.75	Lodging:																												
Car Rental:	-	Car Rental:																												
KCI Airport parking:	60.00	KCI Airport parking:																												
		Meals Overnight Travel <a href="#">Search for City - GSA.gov website</a>			<table border="1"> <tr> <td>Per Diem:</td> <td>Rate</td> <td># of days</td> <td></td> </tr> <tr> <td></td> <td>92.00</td> <td></td> <td>-</td> </tr> <tr> <td colspan="4">Meals Provided will deduct from per diem:</td> </tr> <tr> <td>Breakfast</td> <td>#N/A</td> <td></td> <td>#N/A</td> </tr> <tr> <td>Lunch</td> <td>#N/A</td> <td></td> <td>#N/A</td> </tr> <tr> <td>Dinner</td> <td>#N/A</td> <td></td> <td>#N/A</td> </tr> </table>		Per Diem:	Rate	# of days			92.00		-	Meals Provided will deduct from per diem:				Breakfast	#N/A		#N/A	Lunch	#N/A		#N/A	Dinner	#N/A		#N/A
Per Diem:	Rate	# of days																												
	92.00		-																											
Meals Provided will deduct from per diem:																														
Breakfast	#N/A		#N/A																											
Lunch	#N/A		#N/A																											
Dinner	#N/A		#N/A																											
Per Diem for Meals:	276.00	M&IE Meal breakdown will auto populate																												
		Per Diem for Meals:	No receipts required		#N/A																									
		<b>STOP</b> Go to Page 2 Now and complete then RETURN here to allocate expense & complete the BES																												
		<b>Allocate Page 2 Totals to yellow cells</b>		Paid with City PCard	Paid to Vendor	Paid by Employee	Totals from page 2																							
Private Vehicle Mileage:	53.60	Mileage:			-		Comments:																							
Cab/Shuttle fares/ Tolls/Baggage fees:	150.00	Cab/Shuttle fares/ Tolls/Baggage fees:																												
Fuel - City Vehicle:	-	Fuel - City Vehicle:																												
		Business Meeting:																												
Miscellaneous Expense:	-	Miscellaneous Expense:																												
<b>TOTAL TRA ESTIMATED EXPENSES</b>	<b>3,213.35</b>	<b>TOTAL EXPENSES</b>		<b>#N/A</b>																										

Total Expensed paid by employee #N/A  
 Travel Advance issued to Employee 329.60  
 Amount owed Employee/ (owed to City) #N/A

ACH direct deposit rather than a check can be provided. Complete and submit AP ACH form

I certify that I have incurred all of the expenses listed above on behalf of the City and that they are directly related to the active conduct of the City's business.

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Division Manager Signature \_\_\_\_\_ Date \_\_\_\_\_ Department Manager \_\_\_\_\_ Date \_\_\_\_\_ City Manager Signature (if required) \_\_\_\_\_ Date \_\_\_\_\_

# Business Expense Statement continued

Name: [Marge Vogt](#)  
 Business Expense Purpose: Washington, DC

Department: [CMO](#)

Mileage Calculation: *Mileage log may be used for detail*

	Date	Destination	Rate	Miles	Amount
			\$0.655		-
					-
					-
					-
					-
				<b>Total</b>	<b>-</b>

Cab/Shuttle fares/Tolls:

	Date	Description	Amount
		<b>Total</b>	<b>-</b>

Fuel - City Vehicle:

	Date	Amount
		<b>Total</b>

Meals Local:

	Date	Breakfast	Lunch	Dinner
		<b>Total</b>	<b>-</b>	

<b>Maximum allowed:</b>	
Breakfast	15.00
Lunch	16.00
Dinner	28.00

*Receipts are required*

Business Meeting & Guests:

Date	Purpose	Firm & Persons Present	Amount

**Total** -

Miscellaneous Expense:

	Date	Description	Amount
		<b>Total</b>	<b>-</b>

**Total** -

<b>Total</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>IE</b>
\$51	\$11	\$12	\$23	\$5
\$54	\$12	\$13	\$24	\$5
\$55	\$13	\$14	\$23	\$5
\$56	\$13	\$14	\$24	\$5
\$59	\$13	\$15	\$26	\$5
\$61	\$14	\$15	\$27	\$5
\$66	\$16	\$17	\$28	\$5
\$64	\$14	\$16	\$29	\$5
\$69	\$16	\$17	\$31	\$5
\$74	\$17	\$18	\$34	\$5
\$79	\$19	\$20	\$35	\$5
\$76	\$18	\$19	\$34	\$5
\$0	\$0	\$0	\$0	\$0