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:	LeEtta Felter		Employee #			Department CMO			
Purpose of Travel:	Visit Washington Delegates			Destination: Washington, DC					
Departure Date:	5/13/25	Return Date:	5/14/25						
Comments:									
Sharing hotel room? Whom with:				E1 Budg	eted Accour	nt #			
	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>	<u># of day</u>	<u>s</u>			
	Search for City - GSA.go		gov website	Per Diem rate	92.00	3.0	276.00		
				M&IE Breakdown - Deduct meals provided					
	Enter 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 receipts 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:					
٨٣	ount Chargo c	on City P Card	1 905 00						
Amount Charge on City P Card 1,895.00					A CI Laking at	-1		1.	
Amount to Vendors -					ACH direct deposit rather than a check				
Travel Advance = Amount to Employee383.00					can be provided. Complete and submit -				
TOTAL ESTIMATED EXPENSES 2,278.0			2,278.00		<u>AP ACH Fo</u>	<u>orm</u>			
		Approved Disapproved Date							
						·			

**Employee Signature** 

Division Manager Signature

Department Director Signature

City Manager Signature (if required)