



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: Michael Wilkes Employee # \_\_\_\_\_ Department CMO  
 Purpose of Travel: AFI Conference Destination: Westminster, CO  
 Departure Date: Oct. 25 Return Date: Oct. 28  
 Comments: no lodging necessary, registration is free  
 Sharing hotel room? Whom with: \_\_\_\_\_ E1 Budgeted Account # \_\_\_\_\_

	Amount to City PCard	Amount to Vendor	Amount to Employee																									
Registration:																												
Airfare:	400.00			Lodging Rate # days 15% Total																								
Lodging:				per day @ - -																								
Car Rental:	500.00																											
KCI Airport parking:																												
	Meals Overnight Travel Search for City - GSA.gov website Enter Per Diem Rate (cell F21)			<table border="1"> <thead> <tr> <th>Per Diem for Meals</th> <th>Rate</th> <th># of days</th> <th></th> </tr> </thead> <tbody> <tr> <td>Per Diem rate</td> <td>79.00</td> <td>4.0</td> <td>316.00</td> </tr> <tr> <td colspan="4" style="text-align: center;">M&amp;IE Breakdown - Deduct meals provided</td> </tr> <tr> <td>Breakfast</td> <td>19.00</td> <td>1</td> <td>19.00</td> </tr> <tr> <td>Lunch</td> <td>20.00</td> <td></td> <td>-</td> </tr> <tr> <td>Dinner</td> <td>35.00</td> <td></td> <td>-</td> </tr> </tbody> </table>	Per Diem for Meals	Rate	# of days		Per Diem rate	79.00	4.0	316.00	M&IE Breakdown - Deduct meals provided				Breakfast	19.00	1	19.00	Lunch	20.00		-	Dinner	35.00		-
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Dinner	35.00		-																									
Per Diem for Meals:	No receipts required		297.00																									
Private Vehicle Mileage:			53.60	80 Miles @ 0.670 per mile																								
Cab/Shuttle fares/ Tolls/Baggage fees:																												
Fuel - City Vehicle:																												
Other:				Describe: _____																								

Amount Charge on City P Card	900.00
Amount to Vendors	-
<b>Travel Advance = Amount to Employee</b>	<b>350.60</b>
<b>TOTAL ESTIMATED EXPENSES</b>	<b>1,250.60</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"/>	8/9/24