



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:	Robyn Essex	Employee #	Department council
Purpose of Travel:	May DC visit to delegates	Destination:	Washington, DC
Departure Date:	5/14/24	Return Date:	5/16/24
Comments:	Sharing hotel room? Whom with: _____ E1 Budgeted Account # <u>educa and train</u>		

	Amount to City PCard	Amount to Vendor	Amount to Employee																									
Registration:																												
Airfare:	600.00			Lodging Rate # days 15% Total																								
Lodging:	1,380.00			600.00 per day @ 2 90.00 1,380.00																								
Car Rental:																												
KCI Airport parking:	27.00																											
	Meals Overnight Travel Search for City - GSA.gov website Enter Per Diem Rate (cell F21)			<table border="1" style="width: 100%; border-collapse: collapse;"> <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>3.0</td> <td>237.00</td> </tr> <tr> <td colspan="4" style="text-align: center;">M&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	3.0	237.00	M&IE Breakdown - Deduct meals provided				Breakfast	19.00	1	19.00	Lunch	20.00		-	Dinner	35.00		-
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	<i>M&IE Meal breakdown will auto populate</i>																											
Per Diem for Meals:	<i>No receipts required</i>		218.00																									
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	2,157.00
Amount to Vendors	-
Travel Advance = Amount to Employee	271.60
TOTAL ESTIMATED EXPENSES	2,428.60

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"/>	_____

JIA 1000253
 pd. 4/24

Cathy Marks

From: Robyn Essex
Sent: Tuesday, April 23, 2024 8:20 PM
To: Cathy Marks
Subject: Re: DC Trip

Looks good. Thanks, Cathy!

Robyn Essex

Olathe City Council, Ward 1

[\(913\) 971-6368](tel:(913)971-6368) | OlatheKS.org

Legislative | City of Olathe, Kansas

Setting the Standard for Excellence in Public Service

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From: Cathy Marks <CMMarks@OLATHEKS.ORG>
Sent: Tuesday, April 23, 2024 4:19:53 PM
To: Robyn Essex <RREssex@olatheks.org>
Subject: DC Trip

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

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