



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:	Jill K.B. Kenney	Employee #	198722	Department	Municipal Court
Purpose of Travel:	Kansas Mental Health Summit			Destination:	Hays, KS
Departure Date:	8/25/25	Return Date:	8/27/25		
Comments:					
Sharing hotel room? Whom with	N/A			Workday Account Info:	Court Admin   Training and Education

	Amount to City PCard	Amount to Vendor	Amount to Employee	
Registration:				
Airfare:				
Lodging:	247.50			Lodging Rate 110.00 per day @ # days 2 13% 13.75 Total 247.50
Car Rental:				
KCI Airport parking:				
	Meals Overnight Travel <a href="#">Search for City - GSA.gov website</a>  <b>Enter Per Diem Rate (cell F21)</b>			Per Diem for Meals Rate # of days Per Diem rate 68.00 2.0 136.00 M&IE Breakdown - Deduct meals provided Breakfast - Lunch - Dinner - M&IE Meal breakdown will auto populate
Per Diem for Meals:	No receipts required 136.00			
Private Vehicle Mileage:				531 Miles @ 0.700 per mile
Cab/Shuttle fares/				
Tolls/Baggage fees:				
Fuel - City Vehicle:				
Other:				Describe:

Amount Charge on City P Card	247.50
Amount to Vendors	-
Travel Advance = Amount to Employee	507.84
<b>TOTAL ESTIMATED EXPENSES</b>	<b>755.34</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"/>	