



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:	John Bacon	Employee #		Department	
Purpose of Travel:	attend NLC	Destination:			
Departure Date:	11/12/24	Return Date:	11/16/24		
Comments:					
Sharing hotel room? Whom with:			E1 Budgeted Account #		

	Amount to City PCard	Amount to Vendor	Amount to Employee																									
Registration:	920.00																											
Airfare:	600.00			Lodging Rate # days 15% Total																								
Lodging:	1,610.00			280.00 per day @ 5 42.00 1,610.00																								
Car Rental:																												
KCI Airport parking:	60.00																											
	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>64.00</td> <td>5.0</td> <td>320.00</td> </tr> <tr> <td colspan="4" style="text-align: center;">M&IE Breakdown - Deduct meals provided</td> </tr> <tr> <td>Breakfast</td> <td>14.00</td> <td></td> <td>-</td> </tr> <tr> <td>Lunch</td> <td>16.00</td> <td></td> <td>-</td> </tr> <tr> <td>Dinner</td> <td>29.00</td> <td></td> <td>-</td> </tr> </tbody> </table>	Per Diem for Meals	Rate	# of days		Per Diem rate	64.00	5.0	320.00	M&IE Breakdown - Deduct meals provided				Breakfast	14.00		-	Lunch	16.00		-	Dinner	29.00		-
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	<i>M&IE Meal breakdown will auto populate</i>																											
Per Diem for Meals:	No receipts required		320.00																									
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	3,130.00
Amount to Vendors	-
Travel Advance = Amount to Employee	373.60
TOTAL ESTIMATED EXPENSES	3,503.60

ACH direct deposit rather than a check can be provided. Complete and submit - [AP ACH Form](#)

John W. Bacon (Oct 10, 2024 16:33 CDT)
 Employee Signature

	Approved	Disapproved	Date
_____	<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)			