## **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:	attend the TLG conference			С	Scottsda	ile, AZ		
Departure Date:	4/6/25	Return Date:	4/10/25					
Comments:								
Sharing hotel room? Whom with:				E1 Budge	eted Accour	nt#		
	Amount to	Amount to	Amount to					
	City PCard	Vendor	Employee					
Registration:								
Airfare:				Lodging Rate		# days	15%	Total
Lodging:				325.00	per day @	4	48.75	1,495.00
Car Rental:								
KCI Airport parking:		60.00		6				
		lls Overnight		Per Diem for Meals		# of day	1	
	Search to	or City - GSA.	gov website	Per Diem rate	86.00	5.0	430.00	
	Enter Per Diem Rate		(coll 524)	M&IE Breakdo				
	Enter P	er Diem Kale	(Cell F21)	Breakfast	22.00	2	44.00	
				Lunch	23.00	2	46.00	
Per Diem for Meals:	M&IE Meal brea	·	340.00	Dinner	36.00		-	
	No receipts required		480.00	80	0.67	6 000	per mile	
Private Vehicle Mileage: Cab/Shuttle fares/			460.00	80	0.67	6.000	per mile	
Tolls/Baggage fees:	150.00							
Fuel - City Vehicle:	-							
Other:	-			Describe:				
	'							
Amount Charge on City P Card			2,825.00	•				
Amount to Vendors			60.00		ACH direct	deposit r	ather than a ch	eck
Travel Advance = Amount to Employee			820.00		can be provided. Complete and submit -			
TOTAL ESTIMATED EXPENSES			3,705.00		AP ACH Fo	<u>rm</u>		
					Δr	nroved	Disapproved	Date
					, , ,	proved_		Dute
Employee Signature Division Ma				ger Signature				
12.12.2.20								
	Department Director Signature							
City Manager Signature (if required)							. — .	