



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	CMO
Purpose of Travel:	Morgan's Wonderland tour	Destination:	San Antonio, TX		
Departure Date:	8/22/24	Return Date:	8/23/24		
Comments:					
Sharing hotel room? Whom with:			E1 Budgeted Account #		

	Amount to City PCard	Amount to Vendor	Amount to Employee																									
Registration:																												
Airfare:	558.96			Lodging Rate # days 15% Total																								
Lodging:	287.50			250.00 per day @ 1 37.50 287.50																								
Car Rental:																												
KCI Airport parking:		25.00																										
	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>2.0</td> <td>128.00</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>2</td> <td>28.00</td> </tr> <tr> <td>Lunch</td> <td>16.00</td> <td></td> <td>-</td> </tr> <tr> <td>Dinner</td> <td>29.00</td> <td>1</td> <td>29.00</td> </tr> </tbody> </table>	Per Diem for Meals	Rate	# of days		Per Diem rate	64.00	2.0	128.00	M&IE Breakdown - Deduct meals provided				Breakfast	14.00	2	28.00	Lunch	16.00		-	Dinner	29.00	1	29.00
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Per Diem for Meals:	No receipts required		71.00																									
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	846.46
Amount to Vendors	25.00
Travel Advance = Amount to Employee	124.60
TOTAL ESTIMATED EXPENSES	996.06

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"/>	_____

Cathy Marks

From: Robyn Essex
Sent: Wednesday, August 14, 2024 2:20 PM
To: Cathy Marks
Subject: Re: travel request

Yes, thank you!

Robyn Essex

Olathe City Council, Ward 1

(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: Wednesday, August 14, 2024 2:18:58 PM
To: Robyn Essex <RREssex@olatheks.org>
Subject: travel request

Hi,
Please reply to this email to confirm this travel request.
Thanks, Cathy

Cathy Marks, Assistant to the City Manager

(913) 971-8940 | OlatheKS.org

Administration | City of Olathe, Kansas

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