



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:	City Manager/Council	Employee #		Department	CMO/Council
Purpose of Travel:	NLC City Summit			Destination:	San Antonio, TX
Departure Date:	11/19/19	Return Date:	11/23/19		
Comments:					
Sharing hotel room? Whom with:				E1 Budgeted Account #	1001010 & 1001020.62220

	Amount to City PCard	Amount to Vendor	Amount to Employee																									
Registration:	560.00																											
Airfare:	750.00			Lodging Rate # days 15% Total																								
Lodging:		1,053.40		229.00 per day @ 4 34.35 1,053.40																								
Car Rental:																												
KCI Airport parking:		36.00																										
	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>61.00</td> <td>4.0</td> <td>244.00</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>15.00</td> <td></td> <td>-</td> </tr> <tr> <td>Dinner</td> <td>27.00</td> <td></td> <td>-</td> </tr> </tbody> </table>	Per Diem for Meals	Rate	# of days		Per Diem rate	61.00	4.0	244.00	M&IE Breakdown - Deduct meals provided				Breakfast	14.00		-	Lunch	15.00		-	Dinner	27.00		-
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Per Diem for Meals:	No receipts required		244.00																									
Private Vehicle Mileage:			46.40	80 Miles @ 0.580 per mile																								
Cab/Shuttle fares/ Tolls/Baggage fees:		150.00																										
Fuel - City Vehicle:																												
Other:				Describe: _____																								

Amount Charge on City P Card	1,310.00
Amount to Vendors	1,239.40
Travel Advance = Amount to Employee	290.40
TOTAL ESTIMATED EXPENSES	2,839.80

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"/>	8/13/19