



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:	Visit Washington Delegates			Destination:	Washington, DC
Departure Date:	5/13/25	Return Date:	5/15/25		
Comments:					
Sharing hotel room? Whom with:			E1 Budgeted Account #		

	Amount to City PCard	Amount to Vendor	Amount to Employee	
Registration:				
Airfare:	600.00			Lodging Rate 1 # days 15% Total
Lodging:	1,265.00			550.00 per day @ 2 82.50 1,265.00
Car Rental:				
KCI Airport parking:	30.00			
	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 92.00 3.0 276.00 <b>M&amp;IE Breakdown - Deduct meals provided</b> Breakfast 23.00 1 23.00 Lunch 26.00 - Dinner 38.00 2 76.00
Per Diem for Meals:	No receipts required		177.00	
Private Vehicle Mileage:			56.00	80 Miles @ 0.700 per mile
Cab/Shuttle fares/				
Tolls/Baggage fees:			150.00	
Fuel - City Vehicle:				
Other:				Describe: _____

Amount Charge on City P Card	1,895.00
Amount to Vendors	-
Travel Advance = Amount to Employee	<b>383.00</b>
<b>TOTAL ESTIMATED EXPENSES</b>	<b><u>2,278.00</u></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"/>	