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: | Visit Washington Delegate | | S | Destination: | | Washington, DC | | |
| Departure Date: | 5/13/25 | Return Date: | 5/14/25 | | | | | |
| Comments: | | | | | | | | |
| Sharing hotel room? Whom with: | | | | E1 Budg | eted Accour | nt# | | |
| | | | | | | | | |
| | Amount to | Amount to | Amount to | | | | | |
| | City PCard | Vendor | Employee | | | | | |
| Registration: | | | | _ | | | | |
| Airfare: | 600.00 | | | Lodging Rate | 1 | # days | 15% | Total |
| Lodging: | | | | 550.00 | per day @ | 2 | 82.50 | 1,265.00 |
| Car Rental: | | | | | | | | |
| KCI Airport parking: | | 1.0 .1. | - 1 | | | | | |
| | | lls Overnight | | Per Diem for Meals | | # of days | | |
| | Search for City - GSA. Enter Per Diem Rate | | gov website | Per Diem rate | 92.00 | 3.0 | 276.00 | |
| | | | (coll 521) | M&IE Breakdo | | | | |
| | Enter P | er Diem Kale | (cell F21) | Breakfast | | 1 | 23.00 | |
| | | | | Lunch | 26.00 | 2 | 76.00 | |
| Per Diem for Meals: | M&IE Meal brea | | 177.00 | Dinner | 38.00 | 2 | 76.00 | |
| Private Vehicle Mileage: | No receipt | s required | 56.00 | 80 | Miles @ | 0.700 | per mile | |
| Cab/Shuttle fares/ | | | 30.00 | 80 | willes @ | 0.700 | per fille | |
| Tolls/Baggage fees: | | | 150.00 | | | | | |
| Fuel - City Vehicle: | | | | | | | | |
| Other: | | | | Describe: | | | | |
| | | | | | | | | |
| Amount Charge on City P Card | | | 1,895.00 | | | | | |
| Amount to Vendors | | | - | | ACH direct | deposit r | ather than a che | eck |
| Travel Advance = Amount to Employee | | | 383.00 | | can be provided. Complete and submit - | | | |
| TOTAL ESTIMATED EXPENSES | | | 2,278.00 | | AP ACH Fo | <u>rm</u> | | |
| | | | | | Δr | nroved | Disapproved | Date |
| | | | | | 7 1 | Jproveu | | Dute |
| Employee Signature Division Manage | | | | er Signature | | | · | |
| 1- | | | | | | | | |
| | Department Director Signature | | | | | | | |
| | | | | | | | | |
| | City Manager Signature (if required) | | | | | | | |