



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:	Michael Wilkes	Employee #		Department	CMO
Purpose of Travel:	LKM Meetings			Destination:	Garden City, Kansas
Departure Date:	6/5/25	Return Date:	6/6/25		
Comments:					
Sharing hotel room? Whom with:			E1 Budgeted Account #		

	Amount to City PCard	Amount to Vendor	Amount to Employee			
Registration:						
Airfare:				Lodging Rate	# days	15% Total
Lodging:	172.50			150.00 per day @	1	22.50 172.50
Car Rental:						
KCI Airport parking:						
Meals Overnight Travel Search for City - GSA.gov website				Per Diem for Meals	Rate	# of days
<i>Enter Per Diem Rate (cell F21)</i>				Per Diem rate	68.00	2.0 136.00
M&IE Meal breakdown will auto populate				M&IE Breakdown - Deduct meals provided		
				Breakfast	16.00	-
				Lunch	19.00	-
				Dinner	28.00	-
Per Diem for Meals:	<i>No receipts required</i>		136.00			
Private Vehicle Mileage:			495.80	740 Miles @	0.670 per mile	
Cab/Shuttle fares/ Tolls/Baggage fees:						
Fuel - City Vehicle:						
Other:				Describe: _____		

Amount Charge on City P Card	172.50
Amount to Vendors	-
Travel Advance = Amount to Employee	631.80
TOTAL ESTIMATED EXPENSES	804.30

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"/>	



Complete the yellow cells

Business Expense Statement (BES)

Statement to be completed according to Admin. Reg. F-01

Form must be submitted by the 15th of the following month. Attach a memo to the Approving Authority with their approval

if late or grand total exceeds 10% of Travel Authorized.

BES expenses must be within 10% of Travel Request Authorization(TRA).

Name:	Michael Wilkes	Employee #	0	Department:	CMO
Business Expense Purpose:	LKM Meetings			Destination:	Garden City, Kansas
Departure Date:	6/5/25	Return Date:	6/6/25		
Comments:	0			E1 Budgeted Acct #	0.00000
Sharing hotel room? Whom with:	0				

Total Expenses from TRA		BES	Paid with City PCard	Paid to Vendor	Paid by Employee		
Registration:	-	Registration:				<i>Include all cost & fees - Itemized receipt for Lodging required</i>	
Airfare:	-	Airfare:					
Lodging:	172.50	Lodging:					
Car Rental:	-	Car Rental:					
KCI Airport parking:	-	KCI Airport parking:					
			Meals Overnight Travel Search for City - GSA.gov website			Per Diem:	Rate # of days
						68.00	-
Per Diem for Meals:	136.00					Meals Provided will deduct from per diem:	
						Breakfast	#N/A #N/A
						Lunch	#N/A #N/A
						Dinner	#N/A #N/A
			<i>M&IE Meal breakdown will auto populate</i>				
		Per Diem for Meals:	<i>No receipts required</i>		#N/A		
		STOP Go to Page 2 Now and complete then RETURN here to allocate expense & complete the BES					
		Allocate Page 2 Totals to yellow cells	Paid with City PCard	Paid to Vendor	Paid by Employee	Totals from page 2	
Private Vehicle Mileage:	495.80	Mileage:			-	-	Comments:
Cab/Shuttle fares/		Cab/Shuttle fares/				-	
Tolls/Baggage fees:	-	Tolls/Baggage fees:				-	
Fuel - City Vehicle:	-	Fuel - City Vehicle:				-	
		Business Meeting:				-	
Miscellaneous Expense:	-	Miscellaneous Expense:				-	
TOTAL TRA ESTIMATED EXPENSES	804.30	TOTAL EXPENSES			#N/A		

Total Expensed paid by employee #N/A
 Travel Advance issued to Employee 631.80
 Amount owed Employee/ (owed to City) #N/A

ACH direct deposit rather than a check can be provided. Complete and submit AP ACH form

I certify that I have incurred all of the expenses listed above on behalf of the City and that they are directly related to the active conduct of the City's business.

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Employee Signature _____ Date _____ Division Manager Signature _____ Date _____ Department Manager _____ Date _____ City Manager Signature (if required) _____ Date _____

Business Expense Statement continued

Name: [Michael Wilkes](#)
 Business Expense Purpose: Garden City, Kansas

Department: [CMO](#)

Mileage log may be used for detail

	Date	Destination	Rate	Miles	Amount
Mileage Calculation:			\$0.655		-
					-
					-
					-
					-
				Total	-

Cab/Shuttle fares/Tolls:	Date	Description	Amount
		Total	-

Fuel - City Vehicle:	Date	Amount
		Total

Meals Local:	Date	Breakfast	Lunch	Dinner
		Total	-	

Maximum allowed:	
Breakfast	15.00
Lunch	16.00
Dinner	28.00

Receipts are required

Business Meeting & Guests:

Date	Purpose	Firm & Persons Present	Amount

Total -

Miscellaneous Expense:	Date	Description	Amount
		Total	-

Total -

Total	Breakfast	Lunch	Dinner	IE
\$51	\$11	\$12	\$23	\$5
\$54	\$12	\$13	\$24	\$5
\$55	\$13	\$14	\$23	\$5
\$56	\$13	\$14	\$24	\$5
\$59	\$13	\$15	\$26	\$5
\$61	\$14	\$15	\$27	\$5
\$66	\$16	\$17	\$28	\$5
\$64	\$14	\$16	\$29	\$5
\$69	\$16	\$17	\$31	\$5
\$74	\$17	\$18	\$34	\$5
\$79	\$19	\$20	\$35	\$5
\$76	\$18	\$19	\$34	\$5
\$0	\$0	\$0	\$0	\$0