



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:	attending LKM annual conference			Destination:	Wichita, KS
Departure Date:	Oct. 10	Return Date:	Oct. 12		
Comments:	lodging provided by LKM				
Sharing hotel room? Whom with:			E1 Budgeted Account #		
	Amount to City PCard	Amount to Vendor	Amount to Employee		
Registration:	275.00				
Airfare:				Lodging Rate	# days 15% Total
Lodging:				175.00 per day @	26.25 -
Car Rental:					
KCI Airport parking:					
	Meals Overnight Travel Search for City - GSA.gov website Enter Per Diem Rate (cell F21)			Per Diem for Meals Rate # of days Per Diem rate 64.00 4.0 256.00 M&IE Breakdown - Deduct meals provided Breakfast 14.00 1 14.00 Lunch 16.00 - Dinner 29.00 1 29.00	
Per Diem for Meals:	M&IE Meal breakdown will auto populate No receipts required 213.00				
Private Vehicle Mileage:	237.18			354 Miles @ 0.670 per mile	
Cab/Shuttle fares/					
Tolls/Baggage fees:					
Fuel - City Vehicle:					
Other:				Describe:	

Amount Charge on City P Card 275.00

Amount to Vendors -

Travel Advance = Amount to Employee 450.18

TOTAL ESTIMATED EXPENSES 725.18

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

Employee Signature

Division Manager Signature

Department Director Signature

City Manager Signature (if required)

Approved Disapproved Date

☐☐☐☐☐☐

8/9/24