

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 Wilk	'AC	Employee #	12/702	Don	artmont	CMO		
Purpose of Travel:	LKM meeting		Limpioyee #	124702 Department CMO Destination: Topeka, KS					
Departure Date:		Return Date:	4/5/24		estiliation.	торека,	K3		
Comments:	7/7/27		4/3/24	-					
Sharing hotel room?	Whom with:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E1 Budge	ted Accour	nt#			
	Francisco de la comparación	I		·		•			
· ·	Amount to City PCard	Amount to Vendor	Amount to Employee						
Registration:	1								
Airfare:				Lodging Rate		# days	15%	Total	
Lodging:	175.00			175.00 բ	per day @	1	26.25	201.25	
Car Rental:									
KCI Airport parking:	we appeared the second	con town scoring Acadapton Control	anisassinassee metrijan vara i istoviššan črečiš, esimone						
	Meals Overnight Travel			Per Diem for Meals		# of days		ļ	
	<u>Search fo</u>	or City - GSA.	gov website	Per Diem rate	59.00	2.0	118.00		
				M&IE Breakdov			file of the state of the state of		
	Enter F	er Diem Rate	(cell F21)	Breakfast	13.00	1	13.00		
		San San San San		Lunch	15.00		-		
	or product situations	kdown will auto p		Dinner	26.00	1	26.00		
Per Diem for Meals:	No receipt	s required	79.00	404		0.655			
Private Vehicle Mileage: Cab/Shuttle fares/ Tolls/Baggage fees:			81.22	124	Miles @	0.655	per mile		
Fuel - City Vehicle:									
Other:				Describe:					
	ount Charge o	on City P Cord	175.00	-					
Amount Charge on City P Card _ Amount to Vendors			-	- ACH direct deposit rather than a check				ck	
Travel Advance = Amount to Employee 160.				can be provided. Complete and submit -					
TOTAL ESTIMATED EXPENSES 335.2			335.22		<u>AP ACH Fo</u>	<u>rm</u>			
		•		•	Αp	proved	Disapproved	Date	
Employee Signature		•	Division Manag	er Signature					
		-	Department Dir	ector Signature				helad	
			City Manager Si	gnature (if required)				118/24	
				ga.a.a.					
			\bigcup						



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Name:	Michael Wilkes		Employee #	124720	Dep	artment (СМО		
Purpose of Travel:	LKM meeting			Destination: Concordia, KS					
Departure Date: Comments:	6/6/24	Return Date:	6/7/24		,				
Sharing hotel room?	Whom with:			E1 Budgeted Account #					
	Amount to City PCard	Amount to Vendor	Amount to Employee						
Registration:				1					
Airfare:				Lodging Rate		# days	15%	Total	
Lodging:	175.00		,	175.00	per day @	1	26.25	201.25	
Car Rental:									
KCI Airport parking:									
	Mea	ıls Overnight	:Travel	Per Diem for Meals	<u>Rate</u>	# of days			
	Search fo	or City - GSA.	gov website	Per Diem rate	59.00	2.0	118.00		
	and the second s			M&IE Breakdov	vn - Deduct	meals pr	ovided		
	Enter P	er Diem Rate	(cell F21)	Breakfast	13.00		-		
				Lunch	15.00		_		
	M&IE Meal brea	kdown will auto	oopulate	Dinner	26.00		-		
Per Diem for Meals:	No receipt	s required	118.00						
Private Vehicle Mileage:			258.07	394	Miles @	0.655 p	er mile		
Cab/Shuttle fares/									
Tolls/Baggage fees:									
Fuel - City Vehicle:									
Other:				Describe: _					
Am	ount Charge o	n City P Card	175.00						
		nt to Vendors		· -	ACH direct o	denosit ra	ther than a che	ck	
			376.07	• 5			plete and subm		
	TAL ESTIMATI		551.07	• X	AP ACH Fo				
				•	Ар	pro <u>ved</u>	Disapproved	Date	
			V.						
Employee Signature			Division Manago	er Signature				-	
			Department Dir	ector Signature				3/18/24	
			City Manager Si	gnature (if required)				1 - 1 -	