



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 #	124702	Department	CMO
Purpose of Travel:	LKM meeting		Destination: Topeka, KS		
Departure Date:	4/4/24	Return Date:	4/5/24		
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:	175.00			175.00 per day @	1	26.25	201.25
Car Rental:							
KCI Airport parking:							
Per Diem for Meals:	Meals Overnight Travel			Per Diem for Meals	Rate	# of days	
	Search for City: GSA.gov website			Per Diem rate	59.00	2.0	118.00
	Enter Per Diem Rate (cell F21)			M&IE Breakdown - Deduct meals provided			
	M&IE Meal breakdown will auto populate			Breakfast	13.00	1	13.00
				Lunch	15.00		-
				Dinner	26.00	1	26.00
	No receipts required						
	79.00						
	81.22			124 Miles @ 0.655 per mile			
	Private Vehicle Mileage:						
Cab/Shuttle fares:							
Tolls/Baggage fees:							
Fuel - City Vehicle:							
Other:				Describe:			

Amount Charge on City P Card 175.00

Amount to Vendors -

Travel Advance = Amount to Employee 160.22

TOTAL ESTIMATED EXPENSES 335.22

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

Employee Signature	Division Manager Signature	Approved	Disapproved	Date
		<input type="checkbox"/>	<input type="checkbox"/>	
	Department Director Signature	<input type="checkbox"/>	<input type="checkbox"/>	
	City Manager Signature (if required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/18/24



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Name:	Michael Wilkes	Employee #	124720	Department	CMO
Purpose of Travel:	LKM meeting	Destination:	Concordia, KS		
Departure Date:	6/6/24	Return Date:	6/7/24		
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:	175.00			175.00 per day @	1	26.25	201.25
Car Rental:							
KCI Airport parking:							
Per Diem for Meals:	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 59.00 2.0 118.00			
				M&IE Breakdown - Deduct meals provided			
	M&IE Meal breakdown will auto populate			Breakfast	13.00		-
	No receipts required			Lunch	15.00		-
				Dinner	26.00		-
Private Vehicle Mileage:			258.07	394	Miles @	0.655	per mile
Cab/Shuttle fares/							
Tolls/Baggage fees:							
Fuel - City Vehicle:							
Other:				Describe: _____			

Amount Charge on City P Card 175.00

Amount to Vendors -

Travel Advance = Amount to Employee 376.07

TOTAL ESTIMATED EXPENSES 551.07

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

Approved Disapproved Date

☐☐

Employee Signature

Division Manager Signature

☐☐

Department Director Signature

☒☐

3/18/24

City Manager Signature (if required)