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:	Councilmembers		Employee #	124702 Dep		artment <mark>CMO</mark>		
Purpose of Travel:	NLC conference			Destination: Washington, DC				
Departure Date:	3/10/24	Return Date:	3/13/24					
Comments:								
Sharing hotel room?	Whom with:			E1 Budg	eted Accour	nt#	1001020.62220)
	Amount to	Amount to	Amount to					
	City PCard	Vendor	Employee					
Registration:								
Airfare:	800.00			Lodging Rate		# days	15%	Total
Lodging:				340.00	per day @	3	51.00	1,173.00
Car Rental:								
KCI Airport parking:	2.4	36.00	T	5 5: 6 44 1				
		lls Overnight		Per Diem for Meals	Rate	# of day	1	
	Search to	or City - GSA.	gov website	Per Diem rate	64.00	4.0	256.00	
	Frator 5	lau Diam Bata	(coll 521)	M&IE Breakdo				
	Enter P	er Diem Rate	(cell F21)	Breakfast	14.00	1	14.00	
				Lunch	16.00		-	
Per Diem for Meals:	M&IE Meal brea			Dinner	29.00		_	
	No receipt	s requirea	242.00 52.40	80	Miles @	0.655	per mile	
Private Vehicle Mileage: Cab/Shuttle fares/			32.40	80	willes @	0.055	per mile	
Tolls/Baggage fees:	150.00							
Fuel - City Vehicle:								
, Other:				Describe:				
Am	ount Charge c	n City P Card	2,803.00					
	Amour	nt to Vendors	36.00		ACH direct	deposit r	ather than a ch	eck
Travel Advance =	Amount to	Employee	294.40		can be prov	ided. Co	mplete and subi	mit -
то	TAL ESTIMAT	ED EXPENSES	3,133.40		AP ACH Fo	<u>orm</u>		
					٨٢	nroved	Disapproved	Date
					Δ1	proved		Date
Employee Signature			Division Manage	er Signature			·	
	Sivision Manager Signature							
			Department Dir	partment Director Signature				
		City Manager Signature (if required)						



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:	Councilmemb	oers	Employee #	124702		Department:	СМО		
Business Expense Purpose:	NLC conferen	ce				Destination:	Washington, D	С	
Departure Date:	3/10/24	Return Date:	3/13/24			_			
Comments:	0					E1 B	Sudgeted Acct #	1001020.62220	
Sharing hotel room? Whom with: 0									
		BES	Paid with City	Paid to	Paid by]			
Total Expenses from TRA		DLS	PCard	Vendor	Employee				
Registration:	680.00	Registration:							
Airfare:	800.00	Airfare:							
Lodging:	1,173.00	Lodging:				Include all c	ost & fees - Itemiz	ed receipt for Lodging	required
Car Rental:	-	Car Rental:							
KCI Airport parking:	36.00	KCI Airport parking:							
			Meal	s Overnight T	ravel	Per Diem:	<u>Rate</u>	# of days	
			Search for	City - GSA.go	v website		64.00	-	
						Meals Provided	d will deduct from	m per diem:	
						Breakfas	14.00	-	
Per Diem for Meals:	242.00					Lunch	16.00	-	
			M&IE Meal breakd	down will auto popu	ulate	Dinne	29.00	-	
		Per Diem for Meals:					ļ <u>.</u>	<u> </u>	
		STOP Go to Page 2 Now and complete then RETURN he			ere to allocate expense & complete the BES				
		Allocate Page 2 Totals to	Paid with City	Paid to	Paid by	Totals from			
		yellow cells	PCard	Vendor	Employee	page 2			
Private Vehicle Mileage:	52.40	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	3,133.40			TAL EXPENSES	-	=			
		Tota	al Expensed paid	d by employee	-	_	-	osit rather than a ci	
Travel Advance issued to Employee294.40				_	· ·	d. Complete and sui	bmit		
Amount owed Employee/ (owed to City) (294.40) AP ACH form									
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.									
Employee Signature	Date	Division Manager Signature	Date	Departmer	nt Manager	Date	City Manager Signa	ature (if required)	Date

Business Expense Statement continued

Department: CMO

Name: Councilmembers

Business Expense Purpose: Washington, DC Mileage log may be used for detail \$0.655 Rate Mileage Calculation: Date Amount Destination Miles _ -Total Cab/Shuttle fares/Tolls: Date Description Amount Total Fuel - City Vehicle: Date Maximum allowed: Amount Meals Local: Date Breakfast Lunch Dinner Breakfast 15.00 Lunch 16.00 28.00 Dinner Receipts are required Total Total Business Meeting & Guests: Purpose Firm & Persons Present Date Amount Total Miscellaneous Expense: Date Description Amount Total Page 2 of 2

Total	Breakfast	Lunch	Dinner	ΙE
\$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