

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 # NLC conference							
Purpose of Travel:								
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:	680.00							
Airfare:	800.00	٠		Lodging Rate		# days	15%	Total
Lodging:	1,173.00			340.00	per day @	3	51.00	1,173.00
Car Rental:							-	
KCI Airport parking:		36.00						
	Mea	ls Overnight	Travel	Per Diem for Meals	<u>Rate</u>	# of day	S	
	Search fo	or City - GSA.c	jov website	Per Diem rate	64.00	4.0	256.00	
				M&IE Breakdo	wn - <b>Deduc</b> t	meals p	provided	
	Enter P	er Diem Rate	(cell F21)	Breakfast	14.00	1	14.00	
				Lunch	16.00		-	
	M&IE Meal brea	kdown will auto p	opulate	Dinner	29.00	5.	-	
Per Diem for Meals:	No receipt	s required	242.00					
Private Vehicle Mileage:			52.40	80	Miles @	0.655	per mile	
Cab/Shuttle fares/	no the many default defended in contrading residual for				•			
Tolls/Baggage fees:	150.00							
Fuel - City Vehicle:								
Other:				Describe:				
Am	ount Charge c	n City P Card	2,803.00					
Amount to Vendors 36.00			•	ACH direct (	deposit r	ather than a chec	k	
Travel Advance = Amount to Employee 294.40			•	can be provided. Complete and submit -				
TOTAL ESTIMATED EXPENSES 3,133.4			3,133.40	•	<u>AP ACH Fo</u>	<u>rm</u>		
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					ΑĻ	proved	Disapproved [	Date
Employee Signature		<del>-</del>	Division Manage	er Signature			' <u>                                    </u>	
, ,				-,0				
		-	Department Dir	ector Signature				1. 1
		=				(		17/2
			City Manager Si	gnature (if required)			· — 7	77
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