



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: | City Manager/Council | Employee # | | Department | CMO/Council |
| Purpose of Travel: | National League of Cities | | Destination: | Washington DC | |
| Departure Date: | 3/10/19 | Return Date: | 3/15/19 | | |
| Comments: | | | | | |
| Sharing hotel room? Whom with: | | | E1 Budgeted Account # | 1001020 & 1001010.62220 | |

| | Amount to City PCard | Amount to Vendor | Amount to Employee | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------|--------------------|--|-------------------------|-----------|-----------|-----------|---------------|-------|-------|--------|---|--------|-------|---|-----------------------|-------|---|---|-------|-------|--|---|--------|-------|--|---|
| Registration: | 605.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Airfare: | | 400.00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lodging: | | 1,661.75 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Car Rental: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KCI Airport parking: | | 50.00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Meals Overnight Travel Search for City - GSA.gov website <i>if city is not listed search for the county</i> <i>gsa.gov link "Nat'l Assn of Counties" (NACO)</i> <i>Enter Per Diem Rate (cell F21)</i> <i>M&IE Meal breakdown will auto populate</i> | | | <table border="1"> <thead> <tr> <th>Per Diem for Meals</th> <th>Rate</th> <th># of days</th> <th></th> </tr> </thead> <tbody> <tr> <td>Per Diem rate</td> <td>76.00</td> <td>6.0</td> <td>456.00</td> </tr> <tr> <td colspan="4">M&IE Breakdown - Deduct meals provided</td> </tr> <tr> <td>Breakfast</td> <td>18.00</td> <td></td> <td>-</td> </tr> <tr> <td>Lunch</td> <td>19.00</td> <td></td> <td>-</td> </tr> <tr> <td>Dinner</td> <td>34.00</td> <td></td> <td>-</td> </tr> </tbody> </table> | Per Diem for Meals | Rate | # of days | | Per Diem rate | 76.00 | 6.0 | 456.00 | M&IE Breakdown - Deduct meals provided | | | | Breakfast | 18.00 | | - | Lunch | 19.00 | | - | Dinner | 34.00 | | - |
| Per Diem for Meals | Rate | # of days | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per Diem rate | 76.00 | 6.0 | 456.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| M&IE Breakdown - Deduct meals provided | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakfast | 18.00 | | - | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lunch | 19.00 | | - | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dinner | 34.00 | | - | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per Diem for Meals: | No receipts required | | 456.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Meals Local/Receipts required <i>After event complete BES for reimbursement</i> <i>using the receipt amount or the M&IE</i> <i>maximum the lesser of the two.</i> | | | <table border="1"> <thead> <tr> <th>M&IE Breakdown: Maximum</th> <th># of days</th> <th></th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td>15.00</td> <td>-</td> </tr> <tr> <td>Lunch</td> <td>16.00</td> <td>-</td> </tr> <tr> <td>Dinner</td> <td>28.00</td> <td>-</td> </tr> <tr> <td colspan="2">Total Estimated Meals</td> <td>-</td> </tr> </tbody> </table> | M&IE Breakdown: Maximum | # of days | | Breakfast | 15.00 | - | Lunch | 16.00 | - | Dinner | 28.00 | - | Total Estimated Meals | | - | | | | | | | | | |
| M&IE Breakdown: Maximum | # of days | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Breakfast | 15.00 | - | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lunch | 16.00 | - | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dinner | 28.00 | - | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Estimated Meals | | - | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meals Local: | | | | <i>fill to right</i> | | | | | | | | | | | | | | | | | | | | | | | | |
| Private Vehicle Mileage: | | | 43.60 | 80 Miles @ 0.545 per mile | | | | | | | | | | | | | | | | | | | | | | | | |
| Cab/Shuttle fares/ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tolls/Baggage fees: | | 150.00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fuel - City Vehicle: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Describe: _____

| | |
|-------------------------------------|-----------------|
| Amount Charge on City P Card | 605.00 |
| Amount to Vendors | 2,261.75 |
| Travel Advance = Amount to Employee | 499.60 |
| TOTAL ESTIMATED EXPENSES | 3,366.35 |

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

[AP ACH Form](#)

| | Approved | Disapproved | Date |
|--------------------------------------|--------------------------|--------------------------|------|
| Employee Signature | <input type="checkbox"/> | <input type="checkbox"/> | |
| Division Manager Signature | <input type="checkbox"/> | <input type="checkbox"/> | |
| Department Director Signature | <input type="checkbox"/> | <input type="checkbox"/> | |
| City Manager Signature (if required) | <input type="checkbox"/> | <input type="checkbox"/> | |