



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 Copeland	Employee #	125633	Department	Council
Purpose of Travel:	Conference of Mayors		Destination:		
Departure Date:	6/27/19	Return Date:	7/1/19		
Comments:					
Sharing hotel room? Whom with:			E1 Budgeted Account #	1001010.62220	

	Amount to City PCard	Amount to Vendor	Amount to Employee										
Registration:	1,800.00												
Airfare:		1,000.00		Lodging Rate # days 15% Total									
Lodging:		1,587.00		345.00 per day @ 4 51.75 1,587.00									
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>			Per Diem for Meals <table border="1"> <thead> <tr> <th>Rate</th> <th># of days</th> <th></th> </tr> </thead> <tbody> <tr> <td>111.00</td> <td>5.0</td> <td>555.00</td> </tr> </tbody> </table>	Rate	# of days		111.00	5.0	555.00			
Rate	# of days												
111.00	5.0	555.00											
				M&IE Breakdown - Deduct meals provided									
				Breakfast 25.00 -									
				Lunch 33.00 -									
				Dinner 48.00 -									
Per Diem for Meals:	No receipts required		555.00										
	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>			M&IE Breakdown: Maximum # of days <table border="1"> <tbody> <tr> <td>Breakfast 15.00</td> <td></td> <td>-</td> </tr> <tr> <td>Lunch 16.00</td> <td></td> <td>-</td> </tr> <tr> <td>Dinner 28.00</td> <td></td> <td>-</td> </tr> </tbody> </table>	Breakfast 15.00		-	Lunch 16.00		-	Dinner 28.00		-
Breakfast 15.00		-											
Lunch 16.00		-											
Dinner 28.00		-											
Meals Local:				Total Estimated Meals - <i>fill to right</i>									
Private Vehicle Mileage:			43.60	80 Miles @ 0.545 per mile									
Cab/Shuttle fares/													
Tolls/Baggage fees:		200.00											
Fuel - City Vehicle:													
Other:				Describe:									

Amount Charge on City P Card	1,800.00
Amount to Vendors	2,837.00
Travel Advance = Amount to Employee	598.60
TOTAL ESTIMATED EXPENSES	5,235.60

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"/>	