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 beissued 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:	TLG Conferer	nce	-	C	Destination:	Reno, N	v		
Departure Date:	4/8/19	Return Date:	4/12/19						
Comments:					0				
Sharing hotel room?	Whom with:			E1 Budg	eted Accour	nt#	1001020.6222	0	
	Amount to	Amount to	Amount to						
	City PCard	Vendor	Employee						
Registration:									
Airfare:		\$400.00		Lodging Rate		# days	15%	Total	
Lodging:		\$276.00		\$80	per day @	4	12.00	368.00	
Car Rental:									
KCI Airport parking:		\$40.00						_	
	Mea	als Overnight	t Travel	Per Diem for Meals	<u>Rate</u>	<u># of day</u>	s		
	Search fo	or City - GSA.	<u>gov website</u>	Per Diem rate	\$66	5.0	330.00		
	if city is not liste	d search for the c	ounty	M&IE Breakdo	wn - Deduc	t meals p	provided		
	gsa.gov link	: 'Nat'l Assn of Co	unties" (NACO)	Breakfast	16.00		-		
	Enter F	Per Diem Rate	(cell F21)	Lunch	17.00		-		
	M&IE Meal brea	ıkdown will auto j	populate	Dinner	28.00		-		
Per Diem for Meals:	No receipt	ts required	330.00						
	Meals Loca	l/Receipts re	equired	M&IE Breakdown: ма	iximum_	# of days	S		
	After event com	nplete BES for reir	nbursement	Breakfast	15.00		-		
	using the receip	ot amount or the I	M&IE	Lunch	16.00		-		
	maximum the le	sser of the two.		Dinner	28.00		-		
Meals Local:				То	tal Estimate	d Meals	-	fill to right	
Private Vehicle Mileage:			43.60	80	Miles @	0.545	per mile	-	
Cab/Shuttle fares/									
Tolls/Baggage fees:		\$120.00							
Fuel - City Vehicle:									
Other:				Describe:					
٨٣	ount Charge c	on City P Card							
AIII	_				ACLI direct	donocit r	athor than a ch	a a k	
Amount to Vendors 836.00				-					
Travel Advance = Amount to Employee373.60				can be provided. Complete and submit -					
то	TAL ESTIMAT	ED EXPENSES	1,209.60		<u>AP ACH Fo</u>	<u>rm</u>			
					Ap	proved	Disapproved	Date	

Employee Signature

City Manager Signature (if required)

Division Manager Signature

Department Director Signature



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:	Michael Wilke	25	Employee #	124702		Department:	СМО		
Business Expense Purpose:	TLG Conference					Destination: Reno, NV			
Departure Date:	4/8/19	Return Date:	4/12/19			-	-		
Comments:	0					E1 6	Budgeted Acct #	1001020	.62220
Sharing hotel room?	Whom with:	0							
		BES	Paid with City	Paid to	Paid to	1			
Total Expenses fror	n IRA	DLJ	PCard	Vendor	Employee				
Registration:	-	Registration:							
Airfare:	400.00	Airfare:							
Lodging:	276.00	Lodging:				Include all o	cost & fees - Itemize	ed receipt for	Lodging r
Car Rental:	-	Car Rental:				1			
KCI Airport parking:	40.00	KCI Airport parking:							
	_		Mea	ls Overnight T	ravel	Per Diem:	<u>Rate</u>	# of days	
			Search for	r City - GSA.go	ov website				-
			if city is not listed s	search for the cour	nty	Meals Provide	d will deduct from	n per diem:	
			gsa.gov link 'Nat'l	Assn of Counties"	(NACO)	Breakfas	t #N/A		#N/A
Per Diem for Meals:	: 330.00		Enter Per Diem	Rate (cell H19) # c	of days (cell I19)	Luncl	n #N/A		#N/A
			M&IE Meal breakdown will auto populate			Dinne			#N/A
		Per Diem for Meals:	No receipts required #N/A			ļ			
		STOP Go to Page 2 Now and complete then RETURN he			ere to allocate ex	pense & complete	the BES		
		Allocate Page 2 Totals to			Paid to	Totals from			
		yellow cells	PCard	Vendor	Employee	page 2			
Private Vehicle Mileage:	43.60	Mileage:			-	-	Comments:		
Cab/Shuttle fares/		Cab/Shuttle fares/]			
Tolls/Baggage fees:		Tolls/Baggage fees:				-			
Fuel - City Vehicle:	-	Fuel - City Vehicle:				-			
Meals Local:	-	Local Meals:				-			
		Business Meeting:				-			
Miscellaneous Expense:	-	Miscellaneous Expense:				-	-		
TOTAL TRA ESTIMATED EXPENSES	1 ,209.60		то	TAL EXPENSES	#N/A	_			
		Tota	al Expensed pai	d by employee	#N/A	_	ACH direct dep	osit rather tl	nan a che
		Travel Advance issued to Employee 373.60			_	can be provided. Complete and submit			
		Amount ov	ved Employee/	(owed to City)	#N/A	_	AP ACH form		
certify that I have incurred all of the expens	ses listed above on be	half of the City and that they are direc	tly related to the activ	e conduct of the City	s business.				Page 1 of 2
Employee Signature	Date	Division Manager Signature	Date	Departme	nt Manager	Date	City Manager Signa	ture (if require	d)

Business Expense Statement continued

Name: Business Expe	Michael Wilke					Department:	<u>CMO</u>		
		Mileage log may be used for	detail		Rate	.545			
Mileage Calculation:		Destination	actum		hate	Miles	Amount	1	
							-	1	
							-		
							-		
							-		
							-		
						Total	-	=	
Cab/Shuttle fares/Tolls:	Date	Description				Amount	1		
[
							ļ		
					Total		1		
			_				:		
Fuel - City Vehicle:	Date	Amount	Meals Local:	Date	Breakfast	Lunch	Dinner	Maximum	
			T.					Breakfast	
			-					Lunch	
			•					Dinner	
			-					Receipts (are required
	Total		1	Total	_			J	
Business Meeting & Guests:	Total		=	Total	_	=			
Date	Purpose			Firm & Persons	s Present				Amount
l r		r				1	1	Total	-
Miscellaneous Expense:	Date	Description				Amount			
[

Total	Breakfast	Lunch	Dinner	IE
\$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	\$15	\$16	\$28	\$5
\$69	\$16	\$17	\$31	\$5
\$74	\$17	\$18	\$34	\$5
\$76	\$18	\$19	\$34	\$5