

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).

Name:	Michael Wilkes Employee # TLG Conference 4/8/19 Return Date: 4/12/19			124702 Department CMO		
Purpose of Travel:						
Departure Date:				Destination: Reno, NV		
Comments:	4/0/13	- Neturn Date:	4/12/19			
Sharing hotel room?	Whom with:	0		<u> </u>		
	WHOM WILL	<u>U </u>		E1 Budgeted Account # 1001020.62220		
	Amount to	Amount to	Amount to			
	City PCard	Vendor	Employee			
Registration:	353.57					
Airfare:		\$525		Lodging Rate # days 15% Total		
Lodging:		\$368.00		\$80 per day @ 4 12.00 368.00		
Car Rental:				300,00		
KCI Airport parking:			\$40.00	1		
	Mea	ls Overnight	Travel	Per Diem for Meals Rate # of days		
	Search fo	r City - GSA:	gov website	Per Diem rate 66.00 5.0 330.00		
	A CONTRACTOR OF THE STATE OF TH	, I search for the co	THE PARTY OF THE PARTY OF THE PARTY.	M&IE Breakdown - Deduct meals provided		
		Nat'l Assn of Cou		Breakfast 16.00 -		
•	THE RESERVE OF THE PARTY OF THE	er Diem Rate	A CONTRACTOR OF THE PROPERTY O	Lunch 17.00 -		
	AND STREET, OR LAND STREET, ST	kdown will auto p	STATE OF THE STATE	Dinner 28.00		
Per Diem for Meals:	No receipt	TO A SECURE AND A SECURE ASSESSMENT OF THE PARTY OF THE P	330.00	20.00		
	CALLED STREET,	/Receipts re	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	M&IE Breakdown: Maximum # of days		
	AT THE PERSON OF	plete BES for reim	Street at Name and Street	Breakfast 15.00		
	Access to the same of the same	amount or the M		Lunch 16.00 -		
	maximum the les			Dinner 28.00 -		
Meals Local:	- 1			Tabel F. di		
Private Vehicle Mileage:	State Contract of the Contract	4.7	46.40	, to right		
Cab/Shuttle fares/	or otherwise the trade of seculo.	VALUE CONTRACTOR CONTRACTOR	10.10	80 Miles @ 0.580 per mile		
olls/Baggage fees:		\$100				
Fuel - City Vehicle:						
Other:				Describe:		
Amo	unt Charge o		353.57			
	Amoun	t to Vendors _	993.00	ACH direct deposit rather than a check		
Travel Advance = Amount to Employee 416.40			416.40	can be provided. Complete and submit -		
тот	AL ESTIMATE	D EXPENSES	1,762.97	AP ACH Form		
12		·		Approved Disapproved Date		
mplovee Signature		D	ivision Manage	r Signature		
		Department Director Signature				
		c	ity Manager Sig	gnature (if required)		