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 #	124702	Departmen		
Purpose of Travel:	ICMA Annual	Conf		Destination: Nashville, TN			
Departure Date:	10/18/19	Return Date:	10/24/19				
Comments:					<u> </u>	1001020 62220	
Sharing hotel room?	Whom with:			E1 Budge	eted Account #	1001020.62220	
	Amount to City PCard	Amount to Vendor	Amount to Employee				
Registration:	720.00						
Airfare:	基件有自由	374.94	Tark things	Lodging Rate	# day		Total
Lodging:		1,374.25		239.00	per day @	5 35.85	1,374.25
Car Rental:		400.00					
KCI Airport parking:		54.00					
	Mea	als Overnight	Travel	Per Diem for Meals	Rate # of d		
	Search for City - GSA.gov website		Per Diem rate	61.00 5.0			
			M&IE Breakdo	wn - Deduct meal	s provided		
	Enter Per Diem Rate (cell F21)		Breakfast	14.00	-		
				Lunch	15.00	-	
	M&IE Meal breakdown will auto populate		Dinner	27.00	-		
Per Diem for Meals	: No receip	ts required	305.00				
Private Vehicle Mileage:			46.40	80	Miles @ 0.58	0 per mile	
Cab/Shuttle fares/							
Tolls/Baggage fees:		100.00					
Fuel - City Vehicle	CASSING TO SEE THE LINE WAS	EV		Daraniha			
Other	Harris and the	33.00		Describe:			
An	nount Charge	on City P Card	720.00				
Amount to Vendors			2,336.19		ACH direct depos	it rather than a che	eck .
Travel Advance = Amount to Employee			351.40		can be provided.	Complete and subr	nit -
TOTAL ESTIMATED EXPENSES					AP ACH Form		
					Approve	ed Disapproved	Date
		12					
Employee Signature	A SAN DECEMBER OF THE SAN	_	Division Manag	er Signature	Johnston St. W.		
							2 21 27 27
			Department Di	rector Signature	N DAGE		
			1000 (1000 EVEN 1000	ignature (if required)			