



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	Department	CMO
Purpose of Travel:	Big Idea Board Meeting	Destination:	Clearwater, Florida		
Departure Date:	9/11/19	Return Date:	9/13/19		
Comments:					
Sharing hotel room? Whom with:			E1 Budgeted Account #	1001020.62220	

	Amount to City PCard	Amount to Vendor	Amount to Employee																	
Registration:																				
Airfare:	289.97			Lodging Rate # days 15% Total																
Lodging:	434.70			189.00 per day @ 2 28.35 434.70																
Car Rental:																				
KCI Airport parking:	20.00																			
	Meals Overnight Travel Search for City - GSA.gov website Enter Per Diem Rate (cell F21)			Per Diem for Meals <table border="1"> <thead> <tr> <th>Rate</th> <th># of days</th> <th></th> </tr> </thead> <tbody> <tr> <td>61.00</td> <td>2.0</td> <td>122.00</td> </tr> </tbody> </table>	Rate	# of days		61.00	2.0	122.00										
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61.00	2.0	122.00																		
	M&IE Breakdown - Deduct meals provided																			
	<table border="1"> <thead> <tr> <th></th> <th>Rate</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td>14.00</td> <td></td> <td>-</td> </tr> <tr> <td>Lunch</td> <td>15.00</td> <td></td> <td>-</td> </tr> <tr> <td>Dinner</td> <td>27.00</td> <td></td> <td>-</td> </tr> </tbody> </table>				Rate			Breakfast	14.00		-	Lunch	15.00		-	Dinner	27.00		-	
	Rate																			
Breakfast	14.00		-																	
Lunch	15.00		-																	
Dinner	27.00		-																	
	M&IE Meal breakdown will auto populate																			
Per Diem for Meals:	No receipts required		122.00																	
Private Vehicle Mileage:			46.40	80 Miles @ 0.580 per mile																
Cab/Shuttle fares/																				
Tolls/Baggage fees:	100.00																			
Fuel - City Vehicle:																				
Other:	50.00																			

Describe: _____

Amount Charge on City P Card 894.67

Amount to Vendors -

Travel Advance = Amount to Employee **168.40**

TOTAL ESTIMATED EXPENSES 1,063.07

ACH direct deposit rather than a check can be provided. Complete and submit - [AP ACH Form](#)

Employee Signature

Division Manager Signature

Department Director Signature

City Manager Signature (if required)

Approved Disapproved Date

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