



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: | Council | | Employee # | Department Council | | | | |
|-------------------------------------|--|----------------------|--|--------------------|-------------------------------|--|--|--|
| Purpose of Travel: | | sional City Cor | section because the second recognition of th | | Destination: Washington, D.C. | | | |
| Departure Date: | | Return Date: | 3/12/20 | | | | CONTRACTOR OF THE STATE PROPERTY SERVICE CONTRACTOR OF THE STATE OF TH | NAME AND ADDRESS OF THE OWNER, TH |
| Comments: | | | The state of the | | | | | |
| Sharing hotel room? | Whom with: | | | E1 Budg | eted Accou | nt # | 1001010.62220 | 0 |
| | Amount to City PCard | Amount to Vendor | Amount to Employee | | | | | |
| Registration: | 505.00 | | | | | | | |
| Airfare: | 450.00 | 在美国中国 | 是的特殊 | Lodging Rate | | # days | 15% | Total |
| Lodging: | | 2,063.10 | | 299.00 | per day @ | 6 | 44.85 | 2,063.10 |
| Car Rental: | | | | | | | | |
| KCI Airport parking: | | 70.00 | 通 集 1000 000 | | | ************************************** | | |
| | Mea | als Overnight | Travel | Per Diem for Meals | Rate | # of day | <u>/S</u> | |
| | Search fo | or City - GSA. | gov website | Per Diem rate | 76.00 | 6.0 | 456.00 | |
| | | | M&IE Breakdo | | meals p | provided | | |
| | Enter Per Diem Rate (cell F21) | | | Breakfast | - | | - | |
| 7 | | | | Lunch | | | - | |
| | M&IE Meal brea | kdown will auto | oopulate 456.00 | Dinner | 34.00 | | - | |
| Per Diem for Meals: | No receipt | No receipts required | | | | | | |
| Private Vehicle Mileage: | | | 46.00 | 80 | Miles @ | 0.575 | per mile | |
| Cab/Shuttle fares/ | | 350.00 | | | | | | |
| Tolls/Baggage fees: | | 250.00 | | | | | | |
| Fuel - City Vehicle: Other: | | | | Describe: | | | | |
| Other. | | | ESSECULATION OF THE | Describe. | | | | |
| Am | ount Charge o | on City P Card | 955.00 | | | | | |
| Amount to Vendors | | | 2,383.10 | | ACH direct | deposit i | rather than a ch | eck |
| Travel Advance = Amount to Employee | | | 502.00 | | can be prov | vided. Co | mplete and sub | mit - |
| TOTAL ESTIMATED EXPENSES | | | 3,840.10 | | AP ACH F | <u>orm</u> | | |
| | | | | | Δι | nnroved | Disapproved | Date |
| | | | | | | Sp. Great | | |
| Employee Signature | ALCOHOL SOME STATE OF THE STATE | | Division Manag | er Signature | | - | | |
| | | | | | Latin Maria | | | |
| | | | Department Director Signature | | | | | |
| | | | | | | | | |
| | | | City Manager Signature (if required) | | | | | |