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	Dep	artment	СМО	
Purpose of Travel:	TLG Conferen	nce		Destination: Phoenix, AZ			et	
Departure Date:	5/4/20	Return Date:	5/8/20		-			
Comments:		1211		Sector ( Advestments				
Sharing hotel room? Whom with:			E1 Budg	eted Accou	nt #	1001020.62220		
	Amount to City PCard	Amount to Vendor	Amount to Employee					
Registration:	850.00							
Airfare:		600.00		Lodging Rate		# days	15%	Total
Lodging:		1,374.25		239.00	per day @	5	35.85	1374.25
Car Rental:								
KCI Airport parking:	45.00							
	Mea	als Overnight	Travel	Per Diem for Meals	Rate	<u># of day</u>	<u>s</u>	
	Search for City - GSA.g		gov website	Per Diem rate	56.00	4.0	224.00	
			M&IE Breakdown - Deduct meals provided					
Enter Per Diem Rate		(cell F21)	Breakfast	13.00		-		
	M&IE Meal breakdown will auto p			Lunch	14.00			
			populate	Dinner	24.00		-	
Per Diem for Meals:	No receipt	s required	224.00		114			
Private Vehicle Mileage:		LE MARTINES	46.00	80	Miles @	0.575	per mile	
Cab/Shuttle fares/		1000						
olls/Baggage fees:	200.00		and and the second					
Fuel - City Vehicle:								
Other:	100.00			Describe:				
Am	ount Charge o	on City P Card	1,195.00					
Amount to Vendors					ACH direct deposit rather than a check			
Travel Advance = Amount to Employee					can be provided. Complete and submit -			
TOTAL ESTIMATED EXPENSES					AP ACH Fo			

Employee Signature

	Approved Disapproved	d Date
Division Manager Signature		
Department Director Signature		
City Manager Signature (if required)		