



# TRAVEL/TRAINING AUTHORIZATION FORM

- FOR OVERNIGHT TRAVEL ONLY -

Complete and return to ASD prior to incurring expenses

|  |          |   |                         |
|--|----------|---|-------------------------|
| <b>EMPLOYEE NAME</b>                     |          | <b>DEPARTMENT</b>                         |                         |
| <b>DEPARTURE DATE</b>                    |          | <b>RETURN DATE</b>                        |                         |
| <b>DESTINATION (City, State/Country)</b> |          | <b>BUDGET NUMBER TO BE CHARGED</b>        |                         |
| <b>DESTINATION GSA HOTEL RATE</b>        | \$ _____ | <b>DESTINATION GSA MEALS RATE (B/L/D)</b> | \$ ____/\$ ____/\$ ____ |

**BUSINESS PURPOSE** (check one):  Conference  Meeting  Training

**ARE YOU EXTENDING YOUR TRIP TO INCLUDE PERSONAL TRAVEL?** Yes  No

|  |
|--|
| <b>EXPLANATION OF TRAVEL</b> (Name of conference/training; attach additional information if necessary) |
|  |

| EXPENSES  | ✓ PAYMENT METHOD   | EST. COST |
|---|--|-----------|
| <b>REGISTRATION FEE</b>   | <input type="checkbox"/> Employee Reimb.<br><input type="checkbox"/> P-Card<br><input type="checkbox"/> ASD T-Card |           |
| <b>AIRFARE</b>  | <input type="checkbox"/> Employee Reimb.<br><input type="checkbox"/> P-Card<br><input type="checkbox"/> ASD T-Card |           |
| <b>LODGING</b>  | <input type="checkbox"/> Employee Reimb.<br><input type="checkbox"/> P-Card<br><input type="checkbox"/> ASD T-Card |           |
| Daily base rate of hotel: \$ _____<br>If more than GSA rate, justify excess:<br>_____ |  |           |
| <b>MEALS (Per diem)</b>   | <input type="checkbox"/> Employee Reimb.   |           |

| EXPENSES   | ✓ PAYMENT METHOD   | EST. COST |
|--|--|-----------|
| <b>MILEAGE (personal vehicle)</b>                            | <input type="checkbox"/> Employee Reimb.   |           |
| <b>OTHER TRANSPORTATION</b>                                  | <input type="checkbox"/> Employee Reimb.<br><input type="checkbox"/> P-Card<br><input type="checkbox"/> ASD T-Card |           |
| <b>RENTAL VEHICLE</b>  | <input type="checkbox"/> Employee Reimb.<br><input type="checkbox"/> P-Card<br><input type="checkbox"/> ASD T-Card |           |
| <b>Justification of need for rental vehicle:</b><br><br><br> |  |           |
| <b>OTHER EXPENSES</b>  | <input type="checkbox"/> Employee Reimb.<br><input type="checkbox"/> P-Card<br><input type="checkbox"/> ASD T-Card |           |
| <b>TOTAL ESTIMATED COSTS</b>                                 |  | \$ _____  |

| EMPLOYEE CERTIFICATION  |             |
|---|-------------|
| By signing below, I certify the requested travel is appropriate and necessary for conducting official City business, and agree to comply with the City's Business Expense Policy. |             |
| <b>SIGNATURE</b>  |             |
| <b>PRINTED NAME</b>   | <b>DATE</b> |

| DEPARTMENT DIRECTOR/CITY MANAGER (or Designee) AUTHORIZATION |                                 |
|--|---------------------------------|
| APPROVED <input type="checkbox"/>                            | DENIED <input type="checkbox"/> |
| <b>SIGNATURE</b>   |                                 |
| <b>PRINTED NAME</b>  | <b>DATE</b>                     |

| CITY MANAGER AUTHORIZATION FOR INTERNATIONAL TRAVEL |                                 |
|---|---------------------------------|
| APPROVED <input type="checkbox"/>                   | DENIED <input type="checkbox"/> |
| <b>SIGNATURE</b>                                    |                                 |
| <b>PRINTED NAME</b>                                 | <b>DATE</b>                     |