

City of Hamilton Travel Authorization Form

Traveling From: 2015-09-29 through 2015-09-30 Please note, these are the dates that you will be leaving and returning from the trip. These should include the travel days in addition to the class/conference/meeting dates.

Date of Departure Date of Return

Authorization is requested by: Kay L Farrar Community Development

Employee Name Department

To attend (Course/Conference/Sponsor): 2015 Fall AOHC Conference

Located at (City and State): Dublin, Ohio

Registration Fee (Cost of Course/Conference/Meeting) Basic Fee: \$ \$ 330.00 Other/Additional Fee: \$

Business Justification for Travel

Required conference for all Health Commissioners and Medical Directors of Health Departments

Transportation Expenses
Check the appropriate boxes and record the estimated miles or cost for each mode of transportation to be used. For personal car, only estimated miles are necessary

	Miles	Estimated Cost
<input type="checkbox"/> City Vehicle		
<input checked="" type="checkbox"/> Personal Car	228	\$ \$ 132.00
<input type="checkbox"/> Airplane	N/A	\$
<input type="checkbox"/> Rental Car	N/A	\$

Meal/Food Expenses
Check the appropriate box; enter the number of days and the daily per diem amount. Per Diem rate table: [M&IE Per Diem Rates](#)

	Cost Per Day	# of Days	Estimated Cost
<input type="checkbox"/> In-town/Local			\$
<input checked="" type="checkbox"/> Overnight	\$ \$ 28.00	1	\$ \$ 28.00

Lodging Expenses

	Hotel/Motel Name	Cost Per Night	# of Nights	Estimated Cost
	Embassy Suites Dublin	\$ \$ 156.28	1	\$ \$ 156.28

Miscellaneous Expenses
Check the appropriate boxes and record the estimated cost for all applicable miscellaneous expenses.

	Amount		Amount
<input type="checkbox"/> Parking Costs	\$ 	<input type="checkbox"/> Tolls	\$
<input type="checkbox"/> Taxi Expenses	\$ 	<input type="checkbox"/> Other	\$

Account Number: 160 160 620 200 **Total Estimated Cost:** \$ \$ 646.28

<p>Submit for Authorization</p> <p style="text-align: center;">Send Via Email</p>	<p>For Department Head Use Only</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><i>Eugene F. Lebowitz</i></p> <p>Approved by</p> </div> <div style="text-align: right; margin-top: 10px;"> <input checked="" type="checkbox"/> Approved Send Approval </div>
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Traveling From: 2015-09-29 through 2015-09-30 Please note, these are the dates that you will be leaving and returning from the trip. These should include the travel days in addition to the class/conference/meeting dates.

Date of Departure Date of Return

Authorization is requested by: Thomas Catalanotto Community Development

Employee Name Department

To attend (Course/Conference/Sponsor): 2015 Fall AOHC Conference

Located at (City and State): Dublin Ohio

Registration Fee (Cost of Course/Conference/Meeting) Basic Fee: \$ \$ 180.00 Other/Additional Fee: \$ \$ 35.00

Business Justification for Travel

Required conference for all Health Commissioners and Medical Directors of Health Departments

Transportation Expenses
Check the appropriate boxes and record the estimated miles or cost for each mode of transportation to be used. For personal car, only estimated miles are necessary

	<input type="checkbox"/> City Vehicle	Miles	Estimated Cost
<input type="checkbox"/> Personal Car			\$
<input type="checkbox"/> Airplane		N/A	\$
<input type="checkbox"/> Rental Car		N/A	\$

Meal/Food Expenses
Check the appropriate box; enter the number of days and the daily per diem amount. Per Diem rate table: [M&IE Per Diem Rates](#)

	Cost Per Day	# of Days	Estimated Cost
<input type="checkbox"/> In-town/Local			\$
<input type="checkbox"/> Overnight	\$ 		\$

Lodging Expenses

Hotel/Motel Name	Cost Per Night	# of Nights	Estimated Cost
	\$ 	1	\$ \$ 0.00

Miscellaneous Expenses
Check the appropriate boxes and record the estimated cost for all applicable miscellaneous expenses.

	Amount		Amount
<input type="checkbox"/> Parking Costs	\$ 	<input type="checkbox"/> Tolls	\$
<input type="checkbox"/> Taxi Expenses	\$ 	<input type="checkbox"/> Other	\$

Account Number: 160 160 620 200 **Total Estimated Cost:** \$ \$ 215.00

Submit for Authorization

Send Via Email

For Department Head Use Only

Erin E. Delaney Approved

Approved by Send Approval