

Form Type

Travel Request Form

City of Hamilton Travel Authorization Form

Traveling From: through
Date of Departure Date of Return

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.

Authorization is requested by:
Employee Name Department

To attend (Course/Conference/Sponsor):

Located at (City and State):

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

Business Justification for Travel

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

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

Meal/Food Expenses

Check the appropriate box; enter the number of days and the daily per diem amount. Per Diem rate table: M&E Per Diem Rates

	Cost Per Day	# of Days	Estimated Cost
<input type="checkbox"/> In-town/Local	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input checked="" type="checkbox"/> Overnight	\$ <input type="text" value="\$ 51.00"/>	<input type="text" value="6"/>	\$ <input type="text" value="\$ 306.00"/>

Lodging Expenses

Hotel/Motel Name	Cost Per Night	# of Nights	Estimated Cost
<input type="text" value="Hampton"/>	\$ <input type="text" value="\$ 106.00"/>	<input type="text" value="5"/>	\$ <input type="text" value="\$ 530.00"/>

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="text"/>	<input type="checkbox"/> Tolls	\$ <input type="text"/>
<input type="checkbox"/> Taxi Expenses	\$ <input type="text"/>	<input type="checkbox"/> Other	\$ <input type="text"/>

Account Number:

Total Estimated Cost: \$

Commit for Authorization

For Department Head Use Only

Approved by

Approved

Form Type **Travel Request Form**

City of Hamilton Travel Authorization Form

Traveling From: **2016-09-11** through **2016-09-16**
Date of Departure Date of Return

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.

Authorization is requested by: **Andrew Flum** **Underground Utilities**
Employee Name Department

To attend (Course/Conference/Sponsor): **ANGA/APGA Natural Gas Fall Workshop**

Located at (City and State): **Athens Alabama**

Registration Fee (Cost of Course/Conference/Meeting) Basic Fee: \$ **\$ 375.00** Other/Additional Fee: \$

Business Justification for Travel
Comprehensive natural gas training for Supervisors all the way down to maintenance workers

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 checked="" 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 checked="" type="checkbox"/> Overnight	\$ \$ 51.00	6	\$ \$ 306.00

Lodging Expenses

Hotel/Motel Name	Cost Per Night	# of Nights	Estimated Cost
Hampton	\$ \$ 106.00	5	\$ \$ 530.00

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: **501** **540** **620** **200** Total Estimated Cost: \$ **\$1,211.00**

Submit for Authorization
Send Via Email

For Department Head Use Only
Approved by *[Signature]* **8/16/16**
 Approved
Send Approval

Form Type

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Employee Name Department

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Located at (City and State):

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

Business Justification for Travel

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Lodging Expenses

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Account Number:

Total Estimated Cost: \$

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Date of Departure Date of Return

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.

Authorization is requested by: ~~Mike McNamee~~ **John Novak** **Underground Utilities**
Employee Name Department

To attend (Course/Conference/Sponsor): **ANGA/APGA Natural Gas Fall Workshop**

Located at (City and State): **Athens Alabama**

Registration Fee (Cost of Course/Conference/Meeting) Basic Fee: \$ **\$ 375.00** Other/Additional Fee: \$

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Account Number: **501** **540** **620** **200** Total Estimated Cost: \$ **\$1,211.00**

Submit for Authorization

For Department Head Use Only

Tom M. Meyer 8/16/16
Approved by

Approved