Form Type: Travel Request Form

City of Hamilton
Travel Authorization Form

Traveling From: 2014-05-19 through 2014-05-21

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: Kay Farrar (Employee Name) | Community Development (Department)

To attend (Course/Conference/Sponsor): 2014 Public Health Combined Conference

Located at (City and State): Columbus, Ohio

Registration Fee (Cost of Course/ Conference/Meeting) Basic Fee: $ $ 195.00 Other/Additional Fee: $

Business Justification for Travel

Attendance is required for State Subsidy funds

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
☐ City Vehicle		
☒ Personal Car	208	$ $ 106.08
☐ Airplane	N/A	$
☐ 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
☐ In-town/Local			$
☒ Overnight	$ $ 56.00	2	$ $ 112.00

Lodging Expenses

Hotel/Motel Name	Cost Per Night	# of Nights	Estimated Cost
DoubleTree by Hilton	$ $ 110.45	2	$ $ 220.90

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

	Amount		Amount
☐ Parking Costs	$	☐ Tolls	$
☐ Taxi Expenses	$	☐ Other	$

Account Number: 160 160 620 200

Total Estimated Cost: $ $ 633.98

Submit for Authorization

Send Via Email

For Department Head Use Only

Eugene F. Schorfer

Approved by

☑ Approved

Send Approval