Form Type: Travel Request Form

City of Hamilton
Travel Authorization Form

Traveling From: 9/22/2014 (Date of Departure) through 9/24/2014 (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 L Farrar (Employee Name) — Community Development (Department)

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

Located at (City and State): Columbus (Dublin) Ohio

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

Business Justification for Travel

Requirement for Health Commissioner as well as Medical Director to attend for State subsidy.

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	220	$ $ 112.20
☐ 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
Embassy Suites	$ $ 153.92	2	$ $ 307.84

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: $ $ 862.04

Submit for Authorization

Send Via Email

For Department Head Use Only

Approved by: [signature]

☑ Approved

Send Approval