Form Type Travel Request Form

City of Hamilton Travel Authorization Form

Traveling From: 2016-02-08 through 2016-02-11	Please note, these are the dates that you will be leaving and returning from the trip. These should
Date of Departure Date of Return	include the travel days in addition to the class/ conference/meeting dates.
Authorization is requested by: Tom Adams	Electric
Employee Name	Department
To attend (Course/Conference/Sponsor): APPA Constructing/Operating/Maintaining Underground Dist. Systems	
Located at (City and State): Columbus Ohio	
Registration Fee (Cost of Course/ Basic Fee: \$ \$800.00 Conference/Meeting)	Other/Additional Fee: \$
Business Justification for Travel	
Learn about effective design, construction, operation and maintenance of underground distribution systems.	
Transportation Expenses City Vehi	cle Miles Estimated Cost
Check the appropriate boxes and record the estimated miles or cost for each mode of	Car 100 \$
transportation to be used. For personal car, only estimated miles are necessary Airplane	N/A \$
☐ Rental Ca	ar 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 MON - DINNER - 2720 Overnight	\$
DNVAL 4 Lad day	\$ \$ 59.00 2.9 \$ \$ 171.10
Hotel Hotel Name Hotel to De Charged Card Prick Haukins Chard Card Crowne Plaza North	Cost Per Night # of Nights Estimated Cost
Prick Howkins and Card Crowne Plaza North	\$ \$ 96.00 3 \$ \$ 288.00
Miscellaneous Expenses Check the appropriate boxes and record the	Amount Amount
estimated cost for all applicable miscellaneous expenses.	sts \$ Tolls \$
☐ Taxi Expen	ses \$ Other \$
Account Number : 502 930 640 550	Total Estimated Cost: \$ \$1,259.10
Submit for Authorization For Department Head Use Only	
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Send Via Email Approved	Approved Send Approval