

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

|  | <input checked="" type="checkbox"/> City Vehicle | Miles                | Estimated Cost          |
|--|--|----------------------|-------------------------|
|  | <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&IE 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="\$ 59.00"/> | <input type="text" value="4"/> | \$ <input type="text" value="\$ 236.00"/> |

### Lodging Expenses

| Hotel/Motel Name  | Cost Per Night                                  | # of Nights                    | Estimated Cost                            |
|---|---|--------------------------------|---|
| <input type="text" value="Gaylord Opryland, Nashville TN"/> | \$ <input type="text" value="\$ 189.00 + tax"/> | <input type="text" value="5"/> | \$ <input type="text" value="\$ 945.00"/> |

### Miscellaneous Expenses

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

|   | Amount                                    |                                | Amount                  |
|---|---|--------------------------------|-------------------------|
| <input checked="" type="checkbox"/> Parking Costs | \$ <input type="text" value="\$ 144.00"/> | <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:** \$

### Submit for Authorization

### For Department Head Use Only

Approved by

Approved