



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:
*Note: If you need supervisor approval, save the filled out form and e-mail to supervisor as attachment.
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

This course covers trial skills and advocacy essentials that are critical to the function of City Prosecutor.

Transportation Expenses	<input type="checkbox"/> City Vehicle	Miles	Estimated Cost
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 type="checkbox"/> Personal Car	<input type="text"/>	\$ <input type="text"/>
	<input checked="" type="checkbox"/> Airplane	N/A	\$ <input type="text" value="\$ 400.00"/>
	<input type="checkbox"/> Rental Car	N/A	\$ <input type="text"/>

Meal/Food Expenses	Cost Per Day	# of Days	Estimated Cost
Check the appropriate box; enter the number of days and the daily per diem amount. Per Diem rate table: M&IE Per Diem Rates	<input type="checkbox"/> In-town/Local	<input type="text"/>	\$ <input type="text"/>
	<input checked="" type="checkbox"/> Overnight	\$ <input type="text" value="\$ 76.00"/>	<input type="text" value="4"/> \$ <input type="text" value="\$ 304.00"/>

Lodging Expenses	Hotel/Motel Name	Cost Per Night	# of Nights	Estimated Cost
	<input type="text" value="San Francisco Marriott Fisherman's Wharf"/>	\$ <input type="text" value="\$ 276.00"/>	<input type="text" value="4"/>	\$ <input type="text" value="\$ 1,104.00"/>

Miscellaneous Expenses	Amount	Amount
Check the appropriate boxes and record the estimated cost for all applicable miscellaneous expenses.	<input type="checkbox"/> Parking Costs	\$ <input type="text"/>
	<input checked="" type="checkbox"/> Taxi Expenses	\$ <input type="text" value="\$ 100.00"/>
	<input type="checkbox"/> Tolls	\$ <input type="text"/>
		<input type="checkbox"/> Other
		\$ <input type="text"/>

Account Number: <input type="text" value="100"/> <input type="text" value="114"/> <input type="text" value="690"/> <input type="text" value="350"/>	Total Estimated Cost: \$ <input type="text" value="\$2,768.00"/>
Grant Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Total Estimated Cost: \$ <input type="text" value="\$2,768.00"/>

Submit for Authorization	Supervisor Approval	For Department Head Use Only	<input type="checkbox"/> Approved
<input type="button" value="Send Via Email"/>	 <input type="text"/>	<input type="text"/>	<input type="button" value="Send Approval"/>

2-6-19