

Emailed  
Marju  
3/25/19



# 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

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

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

	Miles	Estimated Cost
<input checked="" type="checkbox"/> City Vehicle		
<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="54.00"/>	<input type="text" value="3"/>	\$ <input type="text" value="162.00"/>

**Lodging Expenses**

Hotel/Motel Name	Cost Per Night	# of Nights	Estimated Cost
<input type="text" value="Courtyard Indianapolis Downtown"/>	\$ <input type="text" value="264.00"/>	<input type="text" value="2"/>	\$ <input type="text" value="528.00"/>

**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="34.00"/>	<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: \$

Grant Account Number:     Total Estimated Cost: \$

Submit for Authorization  Supervisor Approval  For Department Head Use Only   Approved

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