



## City of Hamilton Travel Authorization Form

Traveling From:	7-25-19	through	7-26-19	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.	
	Date of Departure		Date of Return		
<b>Authorization is requested by:</b>		Letitia S. Block		LAW	
*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):		Ohio Municipal Attorneys Association - 2019 Municipal Law Institute			
Located at (City and State):		Dublin, Ohio			
Registration Fee (Cost of Course/ Conference/Meeting)	Basic Fee:	\$	\$ 500.00	Other/Additional Fee: \$	
<b>Business Justification for Travel</b>					
CLE credits for each session. <i>civil law trainings for municipal attorneys and law directors regarding a number of topics including but not limited to body cameras - public records, gun legislation, marijuana, nurses, labor law and economic development.</i>					
<b>Transportation Expenses</b>				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 checked="" type="checkbox"/> City Vehicle			
		<input type="checkbox"/> Personal Car			\$
		<input type="checkbox"/> Airplane		N/A	\$
		<input type="checkbox"/> Rental Car		N/A	\$
<b>Meal/Food Expenses</b>		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: <a href="#">M&amp;IE Per Diem Rates</a>					
		<input type="checkbox"/> In-town/Local			\$
		<input checked="" type="checkbox"/> Overnight		\$ 61.00	\$ 122.00
<b>Lodging Expenses</b>		Cost Per Night	# of Nights	Estimated Cost	
		\$ 172.72	1	\$ 172.72	
<b>Miscellaneous Expenses</b>		Amount			Amount
Check the appropriate boxes and record the estimated cost for all applicable miscellaneous expenses.					
		<input type="checkbox"/> Parking Costs			\$
		<input type="checkbox"/> Taxi Expenses			\$
<b>Account Number:</b>		100	114	640	550
<b>Grant Account Number:</b>					
				<b>Total Estimated Cost: \$</b>	\$ 794.72
				<b>Total Estimated Cost: \$</b>	\$ 794.72
<b>Submit for Authorization</b>		<b>Supervisor Approval</b>		<b>For Department Head Use Only</b>	
Send Via Email					
				<input type="checkbox"/> Approved	
				Send Approval	

*5/24/19*

*C: Ken Carrier 5/22/19*