

City of Hamilton Travel Authorization Form

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|--|---------|--|--|
| Traveling From: 2015-10-04 | through | Date of Return: 2015-10-09 | 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 | |

| | | |
|---|--|---|
| Authorization is requested by: Patrick Moore | | Electric |
| Employee Name | Department | |
| To attend (Course/Conference/Sponsor): APPA Fall Education Institute | | |
| Located at (City and State): Savannah, Georgia | | |
| Registration Fee (Cost of Course/ Conference/Meeting) | Basic Fee: \$ \$1,290.00 | Other/Additional Fee: \$ |

Business Justification for Travel

Learn about effective design, construction, operation and maintenance of underground distribution systems.

| 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 checked="" type="checkbox"/> Airplane | N/A | \$ \$ 865.20 |
| | <input type="checkbox"/> Rental Car | N/A | \$ |

| 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 checked="" type="checkbox"/> Overnight | \$ \$ 56.00 | \$ \$ 336.00 |

| Lodging Expenses | Hotel/Motel Name | Cost Per Night | # of Nights | Estimated Cost |
|------------------|-----------------------|--|---|--|
| | Quality Inn, Savannah | \$ \$ 129.00 | 5 | \$ \$ 645.00 |

| Miscellaneous Expenses | Amount | Amount |
|--|---|---|
| Check the appropriate boxes and record the estimated cost for all applicable miscellaneous expenses. | <input type="checkbox"/> Parking Costs | \$ |
| | <input checked="" type="checkbox"/> Taxi Expenses | \$ \$ 50.00 |
| | | <input type="checkbox"/> Tolls |
| | | <input type="checkbox"/> Other |

| | |
|---|---|
| Account Number: 502 930 640 550 | Total Estimated Cost: \$ \$3,186.20 |
|---|---|

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| <p>Submit for Authorization</p> <p style="text-align: center;">Send Via Email</p> | <p>For Department Head Use Only</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> </div> <p style="text-align: center;">Approved by</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Approved</p> <p style="text-align: right;">Send Approval</p> |
|--|--|