

City of Hamilton Travel Authorization Form

Traveling From: 2015-04-08	through	Date of Return: 2015-04-09	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: Donnie Watts		Electric
Employee Name		Department
To attend (Course/Conference/Sponsor): AMP Technical Conference		
Located at (City and State): Columbus, OH		
Registration Fee (Cost of Course/ Conference/Meeting)	Basic Fee:	Other/Additional Fee: \$ \$ 150.00

Business Justification for Travel

Annual AMP Technical Conference, opportunity to increase technical understanding and capabilities and learn new products.

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	120	\$ \$ 40.00
	<input type="checkbox"/> Airplane	N/A	\$
	<input type="checkbox"/> Rental Car	N/A	\$

Meal/Food Expenses Check the appropriate box; enter the number of days and the daily per diem amount. Per Diem rate table: <u>M&IE Per Diem Rates</u>	<input type="checkbox"/> In-town/Local	Cost Per Day	# of Days	Estimated Cost
	<input checked="" type="checkbox"/> Overnight	\$ \$ 56.00	2	\$ \$ 112.00
	<input type="checkbox"/> In-town/Local	 	 	\$

Lodging Expenses	Hotel/Motel Name	Cost Per Night	# of Nights	Estimated Cost
	Crowne Plaza North	\$ \$ 96.00	1	\$ \$ 96.00

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

Account Number: 502 930 640 550	Total Estimated Cost: \$ \$ 398.00
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Submit for Authorization <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;">Send Via Email</div>	For Department Head Use Only <div style="border: 1px solid black; padding: 5px; margin-top: 10px; display: flex; align-items: center;"> Donnie M. Watts 3-23-15 <input checked="" type="checkbox"/> Approved </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px; text-align: center;">Send Approval</div>
	Approved by Donnie M. Watts