

Form Type

Travel Request Form

City of Hamilton Travel Authorization Form

Traveling From: 2016-10-05

Date of Departure

through

2016-10-07

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: Tyler Roark

Employee Name

Finance

Department

To attend (Course/Conference/Sponsor): OAPT 2016 Annual Conference

Located at (City and State):

Cambridge, OH

Registration Fee

(Cost of Course/
Conference/Meeting)

Basic Fee:

\$ 150.00

Other/Additional Fee: \$

Business Justification for Travel

Educational Opportunity and earn CPEs.

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

 City Vehicle

Miles

Estimated Cost

 Personal Car

\$

 Airplane

N/A

\$

 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: [M&IE Per Diem Rates](#)

 In-town/Local

Cost Per Day

of Days

Estimated Cost

\$

 Overnight

\$ 59.00

2

\$ 118.00

Lodging Expenses

Hotel/Motel Name

Cost Per Night

of Nights

Estimated Cost

Salt Fork Lodge & Conference Center

\$ 106.00

2

\$ 212.00

Miscellaneous Expenses

Check the appropriate boxes and record the estimated cost for all applicable miscellaneous expenses.

 Parking Costs

\$

 Tolls

\$

 Taxi Expenses

\$

 Other

\$

Account Number:

100.12

120

640

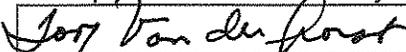
550

Total Estimated Cost: \$ 480.00

Submit for Authorization

Send Via Email

For Department Head Use Only



Approved by

 Approved

Send Approval

