

City of Hamilton Travel Authorization Form

Traveling From: 2016-11-15 through 2016-11-18 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: Eugene Scharf Community Development
Employee Name Department

To attend (Course/Conference/Sponsor): Creative Placemaking Conference

Located at (City and State): Memphis, Tennessee

Registration Fee (Cost of Course/Conference/Meeting) Basic Fee: \$ Other/Additional Fee: \$

Business Justification for Travel

Creative Placemaking Grant

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 |
|--|--------------|-------|--|
| <input type="checkbox"/> City Vehicle | | | |
| <input type="checkbox"/> Personal Car | | | \$ |
| <input checked="" type="checkbox"/> Airplane | | N/A | \$ \$ 450.00 |
| <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: [M&IE Per Diem Rates](#)

| | Cost Per Day | # of Days | Estimated Cost |
|---|--------------|-----------|--|
| <input type="checkbox"/> In-town/Local | | | \$ |
| <input checked="" type="checkbox"/> Overnight | \$ \$ 59.00 | 3 | \$ \$ 177.00 |

Lodging Expenses

| | Hotel/Motel Name | Cost Per Night | # of Nights | Estimated Cost |
|--|------------------|----------------|-------------|----------------|
| | Holiday Inn | \$ \$ 112.00 | 3 | \$ \$ 336.00 |

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

| | Amount | | Amount |
|---|-------------|--------------------------------|--|
| <input checked="" type="checkbox"/> Parking Costs | \$ \$ 25.00 | <input type="checkbox"/> Tolls | \$ |
| <input checked="" type="checkbox"/> Taxi Expenses | \$ \$ 50.00 | <input type="checkbox"/> Other | \$ |

Account Number: 100 110 110 640 550 **Total Estimated Cost: \$** \$1,038.00

| | |
|---|---|
| <p>Submit for Authorization</p> <p style="text-align: center;">Send Via Email</p> | <p>For Department Head Use Only</p> <div style="text-align: center;"> <p style="font-size: small;">Approved by</p> <p style="font-size: x-large; font-family: cursive;">Joshua A. Smith</p> </div> <p style="text-align: right;"><input checked="" type="checkbox"/> Approved</p> <p style="text-align: right;">Send Approval</p> |
|---|---|