



APPROVAL REQUEST FOR OUT-OF-CITY TRIPS

Agency	Agency No.	Control No.	
Name of Employee Traveling	Work Location		
Destination	Departure		Return
	Date	Time	Date Time

ESTIMATED COSTS OF TRIP	
Travel Expenses (Including Air/Train Fare or Estimated Mileage & Tolls)	\$
Hotel Expenses	\$
Meals	\$
Miscellaneous (Including Intra-City Transportation and Conference Registration Fees)	\$
TOTAL ESTIMATED COSTS	\$

Funding: Tax Levy Federal State Other _____ (Specify)

Purpose of Trip and Benefit to City (Attach Conference/Seminar Brochure)

I hereby certify that, to the best of my knowledge and belief: a. this accounting is an accurate statement of my estimated disbursements, b. the estimated expenditures are in connection with the performance of my official City duties for the purposes indicated, c. the expenditures are eligible for City payment in accordance with City and Agency Policies, and d. no part thereof has been or is expected to be paid to me or on my behalf by any other person or entity, except as stated hereon.

EMPLOYEE SIGNATURE _____ TITLE _____ DATE _____

I hereby certify, that I have reviewed this accounting and that, to the best of my knowledge and belief: a. it is an accurate statement of the employee's estimated disbursements, b. that the expenditures are in connection in the performance of official City duties for the purposes indicated, c. the expenditures are eligible for City payment in accordance with City and Agency Policies, and d. there is no reason why the expenditures should not be paid for by the City.

SUPERVISOR SIGNATURE _____ TITLE _____ DATE _____