## Travel Authorization Form

**CITY OF MUKILTEO**

**TRAVEL AUTHORIZATION**

**EMPLOYEE/CLAIMANT:**

**DEPARTMENT/DIVISION:**

**OFFICIAL RESIDENCE:**

**DUTY STATION:**

**REGULAR SCHEDULE:**

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**ITEMIZATION OF ESTIMATED TRAVEL EXPENSES**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>EST. AMOUNT</th>
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<tbody>
<tr>
<td>REGISTRATION FEES</td>
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<tr>
<td>TRANSPORTATION</td>
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**ACCOMPANYING TRAVELERS:**

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**DATE** | **FROM** | **TO** | **DEPART** | **RETURN** |
|---------|----------|-------|------------|------------|

**PRIVATELY OWNED VEHICLE IF NO CITY VEHICLE AVAILABLE**

- # Mils: 0  
  - Rate: 0.500  
  - $: -

**LODGING**

- GSA Per Diem Rate

**MEAL PER DIEM: IF NOT INCLUDED IN REGISTRATION OR HOTEL FEE**

- Breakfast 6:30A-7:30A: $ -  
  - X # days: $ -
- Lunch 12:00P-1:00P: $ -  
  - X # days: $ -
- Dinner 5:00P-6:00P: $ -  
  - X # days: $ -

**TOTAL:** $ -  

**EMPLOYEE/CLAIMANT SIGNATURE**

**DATE**

**EXPENDITURE ACCOUNT NUMBER(S)**

**CITY MANAGER APPROVAL IF LODGING EXCEEDS GSA RATE**

**DATE**  

**APPROVAL SIGNATURE**

**DATE**

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**Attachment A**
**TRAVEL EXPENSE VOUCHER**

*Only for travel as defined in the city’s travel policy; non-travel meal allowance as authorized under collective bargaining agreements processed through payroll as a taxable fringe benefit.*

*Fill in shaded fields; employee/delegation information will autofill from Travel Authorization*

*Attach approved Travel Authorization & required documents/receipts*

*For meal per diem add $1 to breakfast, $1 to lunch, $3 to dinner for incidentals*

*For City Manager/Council signature date must be same as date it was approved by the governing body*

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<thead>
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<th>DATE</th>
<th>FROM</th>
<th>TO</th>
<th>TRIP TIME</th>
<th>AIRFRE</th>
<th>BUS TR</th>
<th>TRAIN</th>
<th>RENTAL CAR</th>
<th>TAXI</th>
<th>TOLLS</th>
<th>PARKING</th>
<th>REGISTRATION FEES</th>
<th>MEALS SUBTOTAL</th>
<th>LODGING</th>
<th>TOTAL MILEAGE</th>
<th>MILEAGE</th>
<th>TOTAL MILEAGE AMOUNT</th>
<th>AMOUNT DUE TO CLAIMANT</th>
<th>AMOUNT PRE-PAID BY INVOICE OR CITY P-CARD</th>
<th>GRAND TOTAL</th>
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**DETAILS/NOTES IF NEEDED FOR ANY ITEMS LISTED ABOVE**

**EXPENDITURE ACCOUNT NUMBER(S)**

**AMOUNT**

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I, the undersigned, hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me in performance of official City business and that no payment has been received by me on account thereof.

**APPROVAL SIGNATURE**

**TITLE**

**DATE**

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**EMPLOYEE SIGNATURE**

**DATE**

**CITY MANAGER APPROVAL IF LODGING EXCEEDS GSA RATE**

**TITLE**

**DATE**

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**LESS TRAVEL ADVANCE**

**TOTAL DUE TO CLAIMANT**

**$0.00**

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**11**