



Travel and Conference Authorization Form

See City Council Policy – Travel Expense Reimbursement

Complete this form for all out-of-state and overnight travel. Obtain approval from your Supervisor, Department Director and City Manager **PRIOR to registering and/or making any travel arrangements**. Submission of this form does not guarantee approval. Please attach all back up documents and submit it to your supervisor.

Employee Name: _____ Date: _____

Department: _____ Position: _____

Conference/Event:

Proposed Itinerary

Departure Date: _____ Return Date: _____ Location: _____

Cost Estimate: Must include proposed vendor, payment method, and estimated cost.

| | Proposed Vendor | Payment Method | Estimated Cost |
|-----------------------|-----------------|----------------|----------------|
| Registration | | | |
| Air Fare | | | |
| Lodging | | | |
| Meals | Not applicable | | |
| Mileage, personal car | | | |
| Rental Car | | | |
| Other | | | |

TOTAL COST ESTIMATE: _____ Budgeted Item: Yes No

Signatures / Approval:

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Director Approval: _____ Date: _____

City Manager Approval: _____ Date: _____

Distribution: Original returned to employee for attachment to payment processing documents.