CITY OF KENAI
TRAVEL AUTHORIZATION FORM

PERSON TRAVELING: _____

PURPOSE OF TRAVEL: _____

LOCATION: _____

MEETING/SEMINAR DATES: _____

TRAVEL DATES: DEPART: _____ RETURN: _____

DETAIL OF ESTIMATED COSTS: (Please estimate as close as possible.)

	Estimated Cost	P.O. To:	Advance Requested
HOTEL/MOTEL			
AIRFARE (roundtrip)			
TAXI FARE			
RENTAL CAR			
MILEAGE (.58 cents per mile)			
PER DIEM ($50 per 24 hours)			
REGISTRATION/TUITION			
BAGGAGE FEE			
OTHER:			

Total Estimate of Trip: $ 0.00

Travel Advance needed by date _____ Amount $ 0.00

_____
Employee (Sign if travel advance requested)

Remarks / Special Situations:

_____

_____

Budgeted? ☐ Yes ☐ No

If No, provide justification and what budgeted travel this substitutes for.

_____

_____

Account Number:

_____

Approval:

_____ _____
Department Head Date City Manager Date

This form must be completed and signed by both the Department Head and the City Manager.
If a travel advance is requested, this completed form must be received in the Finance Department 7 days prior to the date the advance check is needed.

Revised 1/1/2019

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Finance