

## Travel Request

CAPITAL OF SILICON VAI	LLEY			HELP
. Employee Info	rmation			KIND OF STREET
Employee Name		Dept. ==> Select You	ır Department	CONTRACTOR AND CONTRA
Job Title		Visible Code		
Employee ID		Home Zip Code	Phone No.	
Hourly / Salaried		Select Purpose Sh-State	Qur-or-scarce	
2 Group Travel	Ore ⊚o			
	Names of other Travelers	To To		
	2	3 4	5 6	
<ul> <li>Travel Itinerary</li> </ul>				
Event Name: Event Location:		City	r: State	••
Departure Date:	Event Start Da			
4 Estimated Trav				
4 Lətimatcu Hav	ei Exhelises			Estimated
				Expense
Category		Detailed Description		Amounts
Registration				
Airfare				
Lodging				
Ground Transportation Per Diem (from worksheet)				\$0.00
Parking				\$0.00
Other				
		Total Estimated Expenses		\$0.00
6. Cash Advance	Requested	Cash advance	requested? 🕒 👁 👁	
my wages. I have read	l and understand the <u>City's Tr</u>	avel Policy and that this Stateme	nt complies with the polic	y and its intent.
, Certification				
expenses will be incur	red for the purpose of City bu	epared in accordance with the Ci siness.	ity's Travel Policy and that	the estimated
Employee	Emp ID # Si	gnature	Print Name	Date
I certify that I have eva		tivity and confirm that the reque		
		estimated expenses will be incu		
Dissat Consultant				
Direct Supervisor	Emp ID # Si	gnature	Print Name	Date
	luated the requested travel ac	tivity and confirm that the estima		rred for
purposes of City busin	ess, are in compliance with the	ne City's Travel Policy and are wi	thin budgetary limits.	
Travel Coordinator				
	Emp ID # Si	gnature	Print Name	Date
		tivity and confirm that the estima		irred for
purposes of City busin	ess, are in compliance with th	ne City's Travel Policy and are wi	unn buagetary iimits.	
Approving Official	Emp ID # Si	gnature	Print Name	Date

## Reimbursement of Travel Employee Information Employee Dept. ==> Select Your Department Job Title Visible Code Phone No.: Employee ID Home Zip Code @ut-of-State Hourly / Salaried @oudy Charted Select Purpose Ch-State (Group travel defined in City Travel Policy 1.8.2) **@**: **Group Travel** ି ଠ Names of other Travelers n Travel Itinerary **Event Name Event Location** City State: Departure Date: **Event Start Date:** Event End Date: Return Date: Travel Expenses Prepaid Expense **Estimated** Actual Category **Detailed Description** Expenses Expenses Amount Registration Airfare Lodging Ground Transportatio Per Diem Parking Other Unforeseen Travel Expenses (expenses that were not pre-approved must be entered in this section) **Final Total Travel Expenses** if Final Total Travel Expenses excee Total Estimated Expenses, refer to Section 4.4 of Employee Travel Policy for further instructions. **Prepaid Expenses** Total Due Employee/(Due City) Notes Certification

I certify that I have read and understand the City's Travel Policy and that the reimbursable expenses comply with the policy and its intent. I also verify that all expenses

certify that I have reviewed the expenditures and related documentation associated with the reimbursable expenses and confirm that they are in compliance with the

I certify that I have reviewed the expenditures and related documentation associated with the reimbursable expenses and confirm that they are in compliance with the

I certify that I agree with the expenditures contained in this Statement and confirm that they are in compliance with the City's Travel Policy, were incurred for City business

Print Name

Print Name

Print Name

Print Name

Finance.Payrolt Date Reck Date Processed

reported on this form were incurred by me for City business purposes.

Signature

Signature

Signature

Signature

Emp ID#

Emp ID#

Emp ID#

Emp ID#

Employee Signature

City's Travel Policy. **Direct Supervisor** 

City's Travel Policy. Travel Coordinator

Finance Travel Desk-----

and are within budgetary limits. Approving Official

HELP

Method

Select

Select

Select

Select

Select

Select

Select

Date

Date

Pay Period of Pymt. or Deduction .....



## PER DIEM EXPENSE WORKSHEET

HESP

	•	•	•	•		Adjustment for Provided Meals
	▼ Nore	Nove	Horse	♣ Some		Select Meal Provided with Registration
		400		- tra-		Select Meal Provided with Registration
	T Stradeut	Presiden	Norw	₩ Nove		Select Meal Provided with Registration
	•		ı		S	Inoidentals
		•	•	•	<del></del>	Dinner
	•	1		•	<u>e</u>	Lunch
	,	1	,			Continental Breakfast/Breakfast
					A	Travel Day
		The second secon			ITALS	PER DIEM - MEALS & INCIDEN
				Calculation table is for a maximum of nine travel days.		
	1 1	• •	, 1	-		Total Reimbursable Lodging Expenses
•	,	•	ī	ı	í,	Reimbursable Taxes
					w cc	Daily Nate Taxes
	A Commission of the Commission	1	J	1	2	Maximum Daily Rate
					v	Date
						. PER DIEM - LODGING
					ntals:	CONUS/OCONUS Rate for Meals and Incidentals:
				69	1X)	Maximum Total Lodging for Trip (excluding tax)
		SONUS Per Diem Rates	Click here for Department of State OCONUS Per Diem Rates			Maximum Daily Rate
		Rates	Click here for GSA CONUS Per Diem			CONUS/OCONUS Rate for Lodging
				, and the second		Return Time
						Return Date
					The state of the s	Event End Date
					The state of the s	Event Start Date
						Departure Time
		Finance Intranet	Click here for Travel Policy from CSJ Finance Intranet			Departure Date
						. ENTER DATES & RATES

Adjustment for EarlyLate Arrival Desarture
Additional Adjustments
Maximum Per Diem for Meals and Incidentals
"First and last travel days are paid at 010% if travel departure time is prior to 9:00 am and return time is after 6:00 pm."

Total Hotel Accommodations Total Per Diem