

Travel Request

HELP

1. Employee Information					
Employee Name	Dept. ==> Select Your Department				
Job Title	Visible Code				
Employee ID	Home Zip Code		Phone No.		
Hourly / Salaried	<input type="radio"/> Hourly	<input type="radio"/> Salaried	Select Purpose	<input type="radio"/> In-State	<input type="radio"/> Out-of-State
2. Group Travel					
<input type="radio"/> Yes <input type="radio"/> No					
Names of other Travelers					
1		3		5	
2		4		6	
3. Travel Itinerary					
Event Name:					
Event Location:			City:		State:
Departure Date:		Event Start Date:		Event End Date:	
Return Date:					
4. Estimated Travel Expenses					
Category	Detailed Description				Estimated Expense Amounts
Registration					
Airfare					
Lodging					
Ground Transportation					
Per Diem <small>(from worksheet)</small>					\$0.00
Parking					
Other					
Total Estimated Expenses					\$0.00
5. Cash Advance Requested					
Cash advance requested?			<input type="radio"/> Yes <input type="radio"/> No		
<p>I am requesting a cash advance for Per Diem in accordance with the City Policy Manual, Section 1.8.2. (4.3) and acknowledge my responsibility to file a Reimbursement of Travel within 14 days after the Return Date entered above. Should I not fulfill my obligation to file a reimbursement within this timeline, I hereby authorize the City to deduct the amount of this advance from my wages. I have read and understand the <u>City's Travel Policy</u> and that this Statement complies with the policy and its intent.</p>					
6. Notes					
7. Certification					
I certify that the requested travel is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.					
Employee	Emp ID #	Signature	Print Name	Date	
I certify that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.					
Direct Supervisor	Emp ID #	Signature	Print Name	Date	
I certify that I have evaluated the requested travel activity and confirm that the estimated expenses will be incurred for purposes of City business, are in compliance with the City's Travel Policy and are within budgetary limits.					
Travel Coordinator	Emp ID #	Signature	Print Name	Date	
I certify that I have evaluated the requested travel activity and confirm that the estimated expenses will be incurred for purposes of City business, are in compliance with the City's Travel Policy and are within budgetary limits.					
Approving Official	Emp ID #	Signature	Print Name	Date	



PER DIEM EXPENSE WORKSHEET

HELP

This worksheet is mandatory and must be submitted with the Travel Request & Travel Reimbursement

ENTER DATES & RATES

Click here for Travel Policy from CSI Finance Intranet

Departure Date _____
 Event Start Date _____
 Return Date _____
 Return Time _____
 CONUS/OCONUS Rate for Lodging _____
 Maximum Daily Rate _____
 Maximum Total Lodging for Trip (excluding tax) \$ _____
 CONUS/OCONUS Rate for Meals and Incidentals: \$ _____

Click here for GSA CONUS Per Diem Rates
 Click here for Department of State OCONUS Per Diem Rates

PER DIEM LODGING

Date	Maximum Daily Rate	Reimbursable Taxes	Non-reimbursable Taxes	Total Reimbursable Lodging Expenses

*Calculation table is for a maximum of nine travel days.

PER DIEM MEALS & INCIDENTALS

Travel Day	Continental Breakfast/Breakfast	Lunch	Dinner	Incidentals	Meals	Breakfast	None	None	None

Select Meal Provided with Registration
 Select Meal Provided with Registration
 Adjustment for Early/Late Arrival/Departure
 Additional Adjustments
 Maximum Per Diem for Meals and Incidentals
 *First and last travel days are paid at only 75% of the applicable per diem rate.
 *First and last travel days are paid at 100% if travel departure time is prior to 9:00 am and return time is after 6:00 pm.

Total Hotel Accommodations _____
 Total Per Diem _____