

REQUEST FOR TRAVEL AUTHORIZATION AND/OR APPROVED TRAINING

Name:	
--------------	--

Purpose of Trip/Name of Course:

(Provide Brief Description of Course and Attach Announcement)

Location:

Conference Date From: To:

Travel Date From: To:

Travel Method (City Vehicle, Air, etc.) :

Is this budgeted?

Is this reimbursable from other sources & how much?

Estimated Expenses:

Registration

Airfare

Transportation

Lodging x Nights \$ -

Meals (Estimated amount is based on GSA per diem limits below.)

Meals included in registration fees are not reimbursable.

Reimbursement amount is based on **actual receipts.**

Any Dietary Restrictions? If yes, explain. ☐ Yes ☐ No

a. Breakfast x Days \$ -

b. Lunch x Days \$ -

c. Dinner x Days \$ -

Total Meals \$ -

Other

Total Estimated Expenses \$ -

Conference Start Time:

(Provide Reason under Remarks if Travel Date differs from Conference Date)

Budget Account No.:

Remarks:

I have read the City of Los Altos Training & Travel Expense Policy, understand its contents, and agree to abide by its provisions.

Applicant Name	Applicant's Signature	Date
----------------	-----------------------	------

City Manager	City Manager's Signature	Date
--------------	--------------------------	------

Finance Manager	Finance Manager's Signature	Date
-----------------	-----------------------------	------