

CITY OF FERNDALE
TRAVEL AUTHORIZATION and REQUEST FOR ADVANCE TRAVEL EXPENSES
*****City Administrator's Approval is Required Before Any City Travel*****
 (One-day travel/training within Whatcom County, Department Head approval only, form is not required.)

EMPLOYEE NAME: _____ DEPARTMENT: _____ Exempt ___ Non Exempt ___

ADDRESS OF MEETING/CONFERENCE/SEMINAR: _____

NAME OF MEETING/CONFERENCE/SEMINAR & PURPOSE: _____

TRANSPORTATION: City Vehicle ___ or ___ Request Permission to Use My Vehicle Because _____

LODGING: Stay in Motel ___ Commute Daily ___ DATES OF TRAVEL: _____

Commute Daily: Number of Other City Employees Traveling as Passengers ___ Name(s): _____

****Will You Be Claiming Overtime for Any Portion of Your Training Commute? Yes ___ No ___

IF YES, PLEASE COMPLETE THE FOLLOWING:

Departure Location: _____

Departure Time/Date: _____

Training Location: _____

Arrival Time/Date at Training Location: _____

Departure Time/Date from Training Location: _____

Final Arrival Time/Date Following Training: _____

EMPLOYEE SIGNATURE: _____

Meals: GSA Per Diem Area Rates		
Per diem meals are paid on the basis that you are required to be out of the City for the full 2-hour period designated for the meal. **Meal rates and amounts will be completed by the Finance Department**		
_____ Breakfasts @ Rate \$ _____ = _____	Breakfast: 5:30 - 7:30 a.m.	
_____ Lunches @ Rate \$ _____ = _____	Lunch: 11:30 - 1:30 p.m.	
_____ Dinners @ Rate \$ _____ = _____	Dinner: 5:30 - 7:30 p.m.	
_____ Incidentals @ \$ 5.00 a day = _____		\$
Hotel: Lowest Government Rate Available: _____	Nights @ \$ _____ ea = \$ _____	\$
Mileage: IRS – ("standard mileage rate") \$.54		
If city vehicle is available but not used \$.19	_____ Miles @ _____ = \$ _____	\$
Total Other Transportation: (Specify)		\$
Total Miscellaneous: (Specify)		\$
Total Request:		\$
Total Charged to City Credit Card:		\$
Total Amount of Travel Check:		\$
Approved: _____ Department Head	Approved: _____ City Administrator	
FINANCE DEPARTMENT ONLY		
Processed by: _____	Approved by: _____	Date: _____ BARS: _____

RECONCILIATION FOR ADVANCED TRAVEL FUNDS

PLEASE NOTE: State Law requires reconciliation must be completed and turned in within 10 working days of your return *even if no cash or receipts are to be submitted. Interest (10% per annum) may be charged on uncollected funds and may be withheld from paycheck.*

- All non-meal receipts must be attached to this form.

Name of Employee/Official: _____		Today's Date: _____	
Date of Travel Advance Check: _____		Check #: _____	Check Amount: \$ _____
	TRAVEL CHECK ADVANCED:	CREDIT CARD CHARGED: <i>*(Specify)</i>	TOTAL AMOUNT USED:
Meals:	\$ _____	\$ _____	\$ _____
Lodging:	\$ _____	\$ _____	\$ _____
Mileage:	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____
REPAYMENT TO CITY \$ _____		REIMBURSEMENT TO EMPLOYEE \$ _____	BARS # _____
<p>* If the difference total is <u>less than</u> the amount advanced, this is the total amount you owe as reimbursement. Make check payable to City of Ferndale and remit to the Treasurer's office within 10 working days of return date.</p> <p>* If the difference total is <u>more than</u> the amount advanced, submit the difference for reimbursement through the regular claims process.</p>			

Employee/Officials Signature

Department Head Signature

For Office Use Only:

Date Received:	Processed by:
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