Form Type	Travel Request Form

City of Hamilton
Travel Authorization Form

Traveling From:	2016-10-19	through	2016-10-21
	Date of Departure		Date of Return

Please note, these are the dates that you will be leaving and returning from the trip. These should include the travel days in addition to the class/conference/meeting dates.

Authorization is requested by: Stacey Dietrich-Dudas | Economic Development

Employee Name   Department

To attend (Course/Conference/Sponsor): Ohio Economic Development Association Annual Summit

Located at (City and State): Columbus, OH

Registration Fee (Cost of Course/Conference/Meeting)   Basic Fee: $ | $ 375.00   Other/Additional Fee: $ | ___

Business Justification for Travel

Educational & networking opportunity.

Transportation Expenses
Check the appropriate boxes and record the estimated miles or cost for each mode of transportation to be used. For personal car, only estimated miles are necessary

		Miles	Estimated Cost
☒	City Vehicle		
☐	Personal Car		$
☐	Airplane	N/A	$
☐	Rental Car	N/A	$

Meal/Food Expenses
Check the appropriate box; enter the number of days and the daily per diem amount. Per Diem rate table: M&IE Per Diem Rates

		Cost Per Day	# of Days	Estimated Cost
☐	In-town/Local			$
☒	Overnight	$ $ 59.00	3	$ $ 177.00

Lodging Expenses

Hotel/Motel Name	Cost Per Night	# of Nights	Estimated Cost
Columbus Marriott Northwest	$ $ 140.00	2	$ $ 280.00

Miscellaneous Expenses
Check the appropriate boxes and record the estimated cost for all applicable miscellaneous expenses.

	Amount		Amount
☐ Parking Costs	$	☐ Tolls	$
☐ Taxi Expenses	$	☐ Other	$

Account Number:	620	620	640	550	**Total Estimated Cost: $**	$ 832.00

Submit for Authorization

Send Via Email

For Department Head Use Only

Approved by

☐ Approved

Send Approval

Form Type	Travel Request Form

City of Hamilton
Travel Authorization Form

Traveling From: 2016-10-19	through	2016-10-21	Please note, these are the dates that you will be leaving and returning from the trip. These should include the travel days in addition to the class/ conference/meeting dates.
Date of Departure		Date of Return	

Authorization is requested by:	Jordan Schotz	Economic Development
	Employee Name	Department

To attend (Course/Conference/Sponsor): Ohio Economic Development Association Annual Summit

Located at (City and State): Columbus, OH

Registration Fee
(Cost of Course/
Conference/Meeting)   Basic Fee: $ $ 375.00   Other/Additional Fee: $ [   ]

Business Justification for Travel

Educational & networking opportunity.

Transportation Expenses Check the appropriate boxes and record the estimated miles or cost for each mode of transportation to be used. For personal car, only estimated miles are necessary		Miles	Estimated Cost
☒ City Vehicle			
☐ Personal Car			$
☐ Airplane		N/A	$
☐ Rental Car		N/A	$

Meal/Food Expenses Check the appropriate box; enter the number of days and the daily per diem amount. Per Diem rate table: M&IE Per Diem Rates		Cost Per Day	# of Days	Estimated Cost
☐ In-town/Local				$
☒ Overnight	$	$ 59.00	3	$ $ 177.00

Lodging Expenses	Hotel/Motel Name	Cost Per Night	# of Nights	Estimated Cost
	Columbus Marriott Northwest	$ $ 140.00	2	$ $ 280.00

Miscellaneous Expenses Check the appropriate boxes and record the estimated cost for all applicable miscellaneous expenses.		Amount			Amount
☐ Parking Costs	$		☐ Tolls	$	
☐ Taxi Expenses	$		☐ Other	$	

Account Number: 620 | 620 | 640 | 550   **Total Estimated Cost:** $ $ 832.00

Submit for Authorization	**For Department Head Use Only**	☐ Approved
[Send Via Email]	Approved by	[Send Approval]

Form Type | Travel Request Form

City of Hamilton
Travel Authorization Form

| Traveling From: | 2016-10-19 | through | 2016-10-21 | Please note, these are the dates that you will be leaving and returning from the trip. These should include the travel days in addition to the class/conference/meeting dates. |
| | Date of Departure | | Date of Return | |

Authorization is requested by: | Jody Gunderson | Economic Development
| Employee Name | Department

To attend (Course/Conference/Sponsor): Ohio Economic Development Association Annual Summit

Located at (City and State): Columbus, OH

Registration Fee (Cost of Course/Conference/Meeting) Basic Fee: $ | $ 375.00 | Other/Additional Fee: $ |

Business Justification for Travel

Educational & networking opportunity.

Transportation Expenses
Check the appropriate boxes and record the estimated miles or cost for each mode of transportation to be used. For personal car, only estimated miles are necessary

		Miles	Estimated Cost
☒	City Vehicle		
☐	Personal Car		$
☐	Airplane	N/A	$
☐	Rental Car	N/A	$

Meal/Food Expenses
Check the appropriate box; enter the number of days and the daily per diem amount. Per Diem rate table: M&IE Per Diem Rates

		Cost Per Day	# of Days	Estimated Cost
☐	In-town/Local			$
☒	Overnight	$ $ 59.00	3	$ $ 177.00

Lodging Expenses

Hotel/Motel Name	Cost Per Night	# of Nights	Estimated Cost
Columbus Marriott Northwest	$ $ 140.00	2	$ $ 280.00

Miscellaneous Expenses
Check the appropriate boxes and record the estimated cost for all applicable miscellaneous expenses.

	Amount		Amount
☐ Parking Costs	$	☐ Tolls	$
☐ Taxi Expenses	$	☐ Other	$

Account Number: | 620 | 620 | 640 | 550 | **Total Estimated Cost: $** | $ 832.00

Submit for Authorization

Send Via Email

For Department Head Use Only

Scott Scrimizzi A/CM

Approved by

☒ Approved

Send Approval