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Municipal Travel Policy

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AUTHORIZATION FOR TRAVEL

CITY OF _____

I hereby request authority for travel on official city business to the destination on the dates and for the purpose indicated below.

DATE	CITY & STATE	HOTEL ADDRESS	PURPOSE OF TRIP

Accompanied By _____

APPLICANT _____ Department Account _____

Signature _____

Total Estimated Cost of Travel $ _____

SPECIAL FUNDING REQUESTS (Select items requested.)

- ☐ Registration Prepayment
- ☐ Prepaid Airline Tickets
- ☐ Travel Advance of $ _____

APPROVAL (Please note: Approval of travel requests by the signatory below indicates that adequate funding is provided in appropriations to cover the estimated costs of this travel.)

Signature _____ Signature _____

Department Head Chief Administrative Officer