

**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: \_\_\_\_\_

|   |                                       |
|---|---------------------------------------|
| <b>Meals: GSA Per Diem Area Rates</b><br>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.<br>**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") \$.67<br>If city vehicle is available but not used \$.21 _____ Miles @ _____ = \$ _____  | \$                                    |
| Total Other Transportation: (Specify)   | \$                                    |
| Total Miscellaneous: (Specify)  | \$                                    |
| Total Request:  | \$                                    |
| Total Charged to City Credit Card:  | \$                                    |
| Total Amount of Travel Check:   | \$                                    |
| Approved: _____<br>Department Head  | Approved: _____<br>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<br>ADVANCED: | CREDIT CARD<br>CHARGED: *(Specify) | TOTAL AMOUNT<br>USED: |
|  | DIFFERENCE:               |                                    |                       |
| 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: |
|----------------|---------------|