



**AUTHORIZATION FOR TRAVEL
CITY OF SEVIERVILLE**

EMPLOYEE NAME: _____

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

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

CITY & STATE

HOTEL

PURPOSE OF TRIP

SPECIAL FUNDING REQUESTS

- (1) Registration Prepayment: _____ Account 235
- (2) Prepaid Airline Tickets: _____ Account 289
- (3) Hotel: _____ nights @ _____ Account 289
- (4) Parking: _____ days @ _____ Account 289
- (5) Mileage _____ miles @ _____ Account 289

Total Travel Expense _____

- (6) Per Diem: _____ Days at Partial Per Diem* rate @ _____
- _____ Days at Full Per Diem** rate @ _____

Total Meal Expense _____ Account 287

***Partial Per Diem** - If an employee leaves for trip after his/her regularly scheduled time of work or returns before their regularly scheduled time to leave work, the per diem is reimbursed at 75%.

Total Advance Requested _____

****Full Per Diem** - When the employee leaves before and returns after their regulary scheduled work time, the per diem is reimbursed at the full rate.

Accompanied By: _____

Applicant _____

Fund-Department _____

Signature _____

Date _____

APPROVAL (Please Note - Approval of travel requests by the signatory below indicates that adequate funding is provided in appropriations to cover the estimated cost of these travel.)

Signature _____
Department Head

Signature _____
City Administrator

PLEASE RETURN ALL DOCUMENTATION TO THE PURCHASING CLERK WITHIN 10 DAYS OF THE DATE OF YOUR RETURN FROM YOUR TRIP.