



Revised: 07/2021

TRAVEL AUTHORIZATION FORM

All travel must be in accordance with the Town of Marana Travel Administrative Directive.

Use a SEPARATE FORM for each person.

TRAVELER		EMPLOYEE ID #	TODAY'S DATE	DEPARTMENT	DIVISION	
TRAVEL INFORMATION						
DESTINATION:					specifically identified in budget?	<u>—</u>
DESCRIPTION:				Will any por ¬ third-party?	tion of this travel be reimbursed by a $\prod \gamma$	ES NO
DATES (list travel dates):	DEPARTURE DATE:	RETURN DATE	:	Tillia-party:		
	DEPARTURE TIME:	RETURN TIME:		Which are PERSONAL (ist dates if any):	
TRAVEL FUNDED BY			MODE OF 1	TRANSPORTATION		
ACCT#:	AMOUNT:		Check all	modes of transportation	that will be used during the trip:	
ESTIMATED COSTS (Inclu	do all anticipated costs)			Personal Vehicle	Town Vehicle 🔲 Plane	
Only actual, pre-approve	<u>d</u> expenditures will be reimburse		ots \Box (Other:		
	eimbursement of all expenses ex	cept per diem:	TRAVEL JU	STIFICATION (Please attac	ch additional explanation if needed.)	
Payment method:					ng relevance to employee's position in the	Town:
	AIRFARE	\$				
	LODGING nights @	\$				
	REGISTRATION FEE	\$				
	PER DIEM/MEAL (complete &	attach pg. 2) \$				
	RENTAL CAR	\$	CERTIFICAT	TION		
		vehicle avail) \$	I understa	and my responsibilities re	lating to the Travel Administrative Directive	e.
		hicle avail) \$	Traveler:	•	Date:	
	PARKING FEES	\$				
	OTHER TRANSPORTATION	\$	APPROVAL			
	OTHER - specify below	\$	Superviso		Date:	
		<u> </u>		ad/Magistrate:	Date:	
TOTAL ESTIMATED COST	S	\$	Finance:		Date:	
FINANCE OFFICE USE ON	LY		Town Ma	nager, if applicable:	Date:	
ACCOUNT NUMBER	NOMA					

Meal Reimbursement Rates

Please utilize the following chart to calculate the maximum per diem/meal reimbursement:

- Choose method for meal reimbursement.
- Enter the travel dates in the first row.
- Enter meals rates for each travel date based on the departure time and return time for each day. Rates are determined for each meal by destination on the GSA.gov website.

Exclude any meals included in registration fees provided at the conference/training during travel. Method of meal reimbursement (select one):

Per diem (no receipts)
\qed Actual cost up to per diem rate (itemized receipts required)
 Decline meal reimbursement (do not complete table below

Start 1st Day Travel	Return Last Day Travel	Meal	Per Diem Rate						
Before 7 a.m.	After 10 a.m.	Breakfast							
Before 12 p.m.	After 1 p.m.	Lunch							
Before 4 p.m.	After 6 p.m.	Dinner							
		Incidentals							
Dail		Daily Total							
Maximum Reimbursement/Per Diem									

TOWN OF MARANA Effective date: July 1, 2021 until revised

General Instructions

An approved training/travel authorization is required prior to training/travel for Town business. The authorization is to include ALL known or estimated costs associated with the request, regardless of whether the expenses are to be paid through accounts payable, with a Town credit card, through expense reimbursement to the employee, or a third-party payment/reimbursement. Please obtain authorization prior to incurring any costs.

The instructions below are intended to assist in completing the Travel Authorization form. Refer to the Town of Marana Travel Administrative Directive for detailed information. If you require further assistance, please contact the Finance department.

Traveler: Full name of the Employee, Board member, Council member, or other authorized person traveling for the Town

Employee ID #: Number assigned by Human Resources if employed by the Town

Today's Date: The field defaults to today's date

Department: Select the department for the employee traveling

Division: If applicable, include division of department

Travel Information: Include all travel related information. Ensure to check Yes/No for the Budget and Directive questions. Attach all supporting documentation.

Mode of Transportation: Select all that apply.

Travel Funded by: Enter the org code (ex. 10015000), object (7250 - Travel and Training) and if applicable, the project (ex. PDTRV)

Estimated Costs: Choose the payment method for each of the anticipated expenditures. If a check request is desired, with the exception of per diem, a Check Request form or invoice is required. Attach all supporting documentation.

Travel Justification: A description is required to identify the public benefit and how the travel/training meets the Town's major objectives and is related to the department's business activities.

Approvals: The traveler is required to sign the authorization form and provide to their supervisor. After obtaining the department approvals, submit the form to Finance.