



CITY OF SOMERSET REQUEST FOR TRAVEL APPROVAL

Employee Name:						Date of Request:					
Department:						Date Needed By:					
Purpose of Trip (Include Name of Conference, Conference Brochure & Map Quest Mileage Printout)											
Destination:											
Date of Departure:						Return Date:					
ESTIMATED COST											
											TOTAL
Registration Fees:				Airfare:							
Lodging:				Misc Expense:							
Total Estimated Cost:											
Please detail any misc expense listed from above:											
PER DIEM CALCULATION											
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	TOTAL
Breakfast											
Lunch											
Dinner											
Total											
Mileage Calculation (If A Personal Vehicle Will Be Used):						Number of Miles:		x	per mile =		
TOTAL ESTIMATED COST											

Mayor or Executive Assistant Approval:

Date

Chief Financial Officer Approval:

Date

Department Head Approval:

Date

This pre-authorization form shall be completed and submitted for approval 30 days in advance for any travel involving fees or overnight stays in state or out of state.

Exceptions to the 30 days may be allowed on a case by case basis upon approval by the Mayor's Office or CFO.