



# City of Gardena

## Travel Request

City authorized travel for official business is governed by Administrative Policy Number 3100. All travel must be pre-approved prior to confirmation of travel arrangements. \*A written summary of program content/benefit and final accounting of travel expense must be filed with the Finance Officer within thirty days of return to work.

Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Justification (Reason travel will benefit City):

Amount Requested: \_\_\_\_\_

Account Code: \_\_\_\_\_

Department Head Signature \_\_\_\_\_

Date \_\_\_\_\_

Meeting/Training Program/Conference Location: \_\_\_\_\_

Requested Departure: Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Planned Return to Work: Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Total Days: \_\_\_\_\_

\* Final Report Due Date: \_\_\_\_\_

Budget Approval:

Verified by Finance Division: \_\_\_\_\_

Director of Administrative Services \_\_\_\_\_

Date \_\_\_\_\_

Account Code Balance: \_\_\_\_\_

City Manager (as required) \_\_\_\_\_

Date \_\_\_\_\_

City Council Approval (as required) \_\_\_\_\_

Date \_\_\_\_\_

Expense	Type of Payment	Paid Direct to Vendor			Employee Cash Advance		
		Pre-Paid	Actual	Variance	Estimate	Actual	Variance
<b>I. Transportation</b>	(cash, ck)						
Air Travel				-			-
Private Vehicle							-
City Vehicle							-
Rental Car				-			-
Other (Shuttle/Taxi/Train/Bus)				-			-
Parking/Tolls							-
<b>II. Lodging</b>							
Days							
Total							
Rate: \$				-			-
<b>III. Additional Expenses</b>							
Registration Fees				-			-
Books and Materials				-			-
Other (if no Per Diem)				-			-
Meals (receipts required if no Per Diem)				-			-
<b>IV: Per Diem</b>							
Days							
Total							
Rate: \$				-			-
<b>V. Total Expense/Payment</b>							
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vendor Paid		Employee Paid		Total			
Total Estimated		\$0.00		\$0.00		\$0.00	
Total Actual		\$0.00		\$0.00		\$0.00	
Variance due to/(from) City		\$0.00		\$0.00		\$0.00	

Receipt of Employee Cash Advance:

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Employee Travel Reconciliation:

Department Head's Signature \_\_\_\_\_

Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_