



City of Coral Gables

TRAVEL REQUEST FORM

Reference: Personnel Rules & Regulations - Rule 28

Traveler	This Travel Request is for: <input type="checkbox"/> Employee <input type="checkbox"/> Other (Specify): _____		
	Name: _____		Title (Held or Applied for): _____
	Department: _____		Division: _____
Travel Data	Purpose of Travel: _____		
	Destination From: _____		Destination To: _____
	Date and Time of Departure: _____		Date and Time of Return: _____ Working Days Absent: _____
	Method of Travel: <input type="checkbox"/> City Vehicle - Gas Card Requested <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Airline <input type="checkbox"/> Other <input type="checkbox"/> Private Vehicle (Attach Insurance Certificate)		
Travel Request	Estimated Expenditures (supporting documentation required)		
	Registration	\$ _____	Meals
	Lodging	\$ _____	Breakfast # ____ @ _____ = \$ _____
	Air Travel	\$ _____	Lunch # ____ @ _____ = \$ _____
	Auto Rental	\$ _____	Dinner # ____ @ _____ = \$ _____
	Mileage:		Other
	_____ miles @ _____	\$ _____	_____ \$ _____
	Tolls	\$ _____	_____ \$ _____
	Parking	\$ _____	_____ \$ _____
	Taxi	\$ _____	TOTAL \$ _____
Advance Request	Advance Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Check Needed by: _____
	If Applicable, Amount of Advance Request: _____		
Exp Data	Account Code(s) to be Charged: _____		
Approvals	Approval Signatures Required Where Applicable in Accordance with Personnel Rules & Regulations - Rule 28		
	Authorization Request		FINANCE (BUDGET) USE ONLY
	Traveler	_____ Date _____	Supporting documentation attached <input type="checkbox"/> Yes <input type="checkbox"/> No
	Department Director	_____ Date _____	Insurance certificate attached <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
	City Manager (If Applicable)	_____ Date _____	Advance requested <input type="checkbox"/> Yes <input type="checkbox"/> No
		Check # _____ Amount: \$ _____	
		Budget Review _____ Date _____	