

**CITY OF EL PASO
TRAVEL REQUEST**

At Least 15 Working Days PRIOR to Travel, Complete Form and Submit To: Department Head
Within 10 Days AFTER Return Attach All Receipts and Submit To: Department Head

NAME:		EMPLOYEE NO.:	POSITION/TITLE:		DEPARTMENT:	DATE SUBMITTED:				
PURPOSE OF TRAVEL:			MODE OF TRAVEL:		DATE COMPLETED*:					
DEPARTING LOCATION:										
Date, Hour, Departure:			From:		HOURS AWAY FROM DUTY:					
Date, Hour, Arrival:			Destination:							
FINAL DESTINATION:										
Date, Hour, Departure:			From:		Intra-City Travel? [] YES					
Date, Hour, Arrival:			Destination:							
TRAVEL EXPENSES										
Prior to travel fill out "ESTIMATED EXPENSES" section.					After return fill out "EXPENSE REPORT" section.					
ESTIMATED EXPENSES					Expense Report					
ITEM	Expenses paid by P-Card		Paid Directly to Vendor through Voucher		Amounts Paid to Employee		Receipts? Yes/ No	(Items Advanced to Employee or to be Reimbursed through OOPs module) Amount Comments		
	Transaction Date	Amount	Voucher No.	Amount	Advanced/Paid through Voucher (List No/Amount)	Out-of-Pocket Module through Peard				
1 TRANSPORTATION:										
Airfare [] Round [] One way		\$ -		\$ -	\$ -	\$ -				
Airline:										
Vehicle [] City Miles:		\$ -		\$ -	\$ -	\$ -				
[] Personal Miles:		\$ -		\$ -	\$ -	\$ -				
Rental Car # Days Rate:		\$ -		\$ -	\$ -	\$ -				
Company										
Ground Transportation		\$ -		\$ -	\$ -	\$ -				
Describe:										
Gas Credit Card Requested [] Yes		\$ -		\$ -	\$ -	\$ -				
2 LODGING AND MEALS:										
Lodging: Per Diem or Actual (circle one)										
Nights Rate: \$/night		\$ -		\$ -	\$ -	\$ -				
Hotel (specify):										
Meals Days Rate: \$/day		\$ -		\$ -	\$ -	\$ -				
3 REGISTRATION COSTS:										
Total Cost of Seminar/Registration fees		\$ -		\$ -	\$ -	\$ -				
Vendor:										
Address:										
4 OTHER (Describe):		\$ -		\$ -	\$ -	\$ -				
TOTAL		(1) \$ -		(2) \$ -	(3) \$ -	(4) \$ -				
Sum of Total Columns (1+ 2 + 3 + 4)						\$0.00	Employee Acknowledgement: I have received and read the City Travel Manual and understand that I am responsible to account for all expenses of this trip with receipts where appropriate. I also understand that I have ten (10) working days from the date of my return to complete the "Expense Report" section of this form to request additional funds reimbursement from the City or pay back any unused funds that have been advanced to me. If I fail to do so I authorize the City to deduct any amount I owe as a salary deduction.			
Account/Fund/DeptID/Class/Grant or Project										
APPROVALS PRIOR TO TRAVEL:										
Employee:					Date:					
Department Head/Budget Authority:					Date:					
City Manager, if applicable:					Date:		Signature:		Date:	
APPROVALS AFTER TRAVEL:					EXPENSE RECONCILIATION					
Staff Assigned to Travel:			Date:		TOTAL APPROVED EXPENSES			\$ -		
					LESS: Amount Paid by Peard			\$ -		
					Amount paid directly to vendor(s)			\$ -		
Department Head/Budget Authority:			Date:		Amount advanced to employee through voucher			\$ -		
					Amount paid through OOPs module in Peard			\$ -		
					AMOUNT DUE "TO" EMPLOYEE					
					AMOUNT DUE "FROM" EMPLOYEE					
Distribution: Department Head and Employee					*Date Completed to be filled out upon return of travel.					