



# 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: \_\_\_\_\_ Is the travel specifically identified in budget? ☐ YES ☐ NO

DESCRIPTION: \_\_\_\_\_ Will any portion of this travel be reimbursed by a third-party? ☐ YES ☐ NO

DATES (list travel dates): DEPARTURE DATE:  RETURN DATE:

DEPARTURE TIME:  RETURN TIME:  Which are PERSONAL (list dates if any): \_\_\_\_\_

**TRAVEL FUNDED BY**

ACCT#: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**ESTIMATED COSTS (Include all anticipated costs.)**

Only actual, pre-approved expenditures will be reimbursed. Original paid receipts must be submitted for reimbursement of all expenses except per diem:

**Payment method:**

_____	AIRFARE	\$ _____
_____	LODGING <input type="text"/> nights @ \$ <input type="text"/>	\$ _____
_____	REGISTRATION FEE	\$ _____
_____	PER DIEM/MEAL (complete & attach pg. 2)	\$ _____
_____	RENTAL CAR	\$ _____
_____	MILEAGE <input type="text"/> (no Town vehicle avail)	\$ _____
_____	MILEAGE <input type="text"/> (Town vehicle avail)	\$ _____
_____	PARKING FEES	\$ _____
_____	OTHER TRANSPORTATION	\$ _____
_____	OTHER - specify below	\$ _____
_____		
TOTAL ESTIMATED COSTS		\$ _____

**FINANCE OFFICE USE ONLY**

ACCOUNT NUMBER	AMOUNT
_____	_____

**MODE OF TRANSPORTATION**

Check all modes of transportation that will be used during the trip:

- ☐ Personal Vehicle ☐ Town Vehicle ☐ Plane
- ☐ Other: \_\_\_\_\_

**TRAVEL JUSTIFICATION (Please attach additional explanation if needed.)**

Purpose of business travel, including relevance to employee's position in the Town:

**CERTIFICATION**

I understand my responsibilities relating to the Travel Administrative Directive.

Traveler: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVALS**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Head/Magistrate: \_\_\_\_\_ Date: \_\_\_\_\_

Finance: \_\_\_\_\_ Date: \_\_\_\_\_

Town Manager, if applicable: \_\_\_\_\_ Date: \_\_\_\_\_

Mayor (for elected/appointed officials): \_\_\_\_\_ Date: \_\_\_\_\_

## 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 set for each meal in the following table. Exclude any meals included in registration fees provided at the conference/training during travel.

Method of meal reimbursement (select one):

- ☐ Per diem (no receipts)
- ☐ 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Before 12 p.m.	After 1 p.m.	Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Before 4 p.m.	After 6 p.m.	Dinner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Daily Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
							Maximum Reimbursement/Per Diem				<input type="text"/>

TOWN OF MARANA  
Effective date: September 1, 2015 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.