



# CITY AND BOROUGH OF SITKA

## Travel Authorization and Per Diem Request

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

TRAVELER: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PLACE OF LODGING: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TRAVEL PURPOSE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

TIME  
DEPART \_\_\_\_\_ AM PM

TIME  
DEPART \_\_\_\_\_ AM PM

PER DIEM RATE: \$ \_\_\_\_\_ TOTAL PER DIEM: \$ \_\_\_\_\_

To be eligible, an employee must be in travel status during a meal allowance period for three consecutive hours. Receipts are not required for meals.

Midnight to 10:00 a.m.	Breakfast	\$10.00
10:00 a.m. to 3:00 p.m.	Lunch	\$19.00
3:00 p.m. to midnight	Dinner	\$32.00

DATE	PER DIEM
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

ACCOUNT NUMBER: \_\_\_\_\_

BUDGETED: \_\_\_\_\_ Y \_\_\_\_\_ N

REMAINING TRAVEL BUDGET: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED: \_\_\_\_\_

05/18

DEPARTMENT HEAD / DATE

APPROVED: \_\_\_\_\_

ADMINISTRATOR / DATE