

CITY AND BOROUGH OF SITKA
Travel Authorization and Per Diem Request

DATE: _____

TO: _____

FROM: _____

TRAVELER: _____

DESTINATION: _____

PLACE OF LODGING: _____ PHONE: _____

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

ACCOUNT NUMBER: _____

TRAVEL AGENCY: _____ CHARGED TO CC: Y N

BUDGETED: Y N

COMMENTS: _____

APPROVED: _____
DEPARTMENT HEAD

APPROVED: _____
ADMINISTRATOR