



City of Roeland Park

TRAVEL ADVANCE REQUEST FORM

Employee Name: _____

Department: _____

Please Make Copy of Conference information and attach to request

MEALS			
Out-of-State travel	Brkfst	Lunch	Dinner
Date(s) needed:	\$10	\$20	\$30
In-State travel	Brkfst	Lunch	Dinner
Date(s) needed:	\$5	\$10	\$15
Total Meals			

Dates Requested for: _____
Date leaving: _____

Hotel	
Hotel needed?	_____
What nights?	_____
Pay by:	_____
<i>Check, Credit Card or Direct Bill</i>	
Total Hotel Cost	_____

Mileage	
Mileage to and from:	_____
Add 5 miles per day (to and from conference)	_____
Total mileage	_____
(mileage rate)	X 0.585
Total for Mileage	_____

Miscellaneous Advance	
(ie, Banquet or Registration Charges)	
Training Costs	_____
AirFare	_____
Total Misc	_____

Total Hotel	_____
Total Meals	_____
Total Miscellaneous	_____
Total Mileage	_____
Total Advance	_____

Approval:	
Dept Head: _____	Employee Acceptance _____
City Administrator: _____	Date _____