



# CITY OF SOMERSET REQUEST FOR TRAVEL APPROVAL

Employee Name:						Date of Request:					
Department:						Date Needed By:					
Purpose of Trip (Include Name of Conference, Conference Brochure & Map Quest Mileage Printout)											
Destination:											
Date of Departure:						Return Date:					
ESTIMATED COST											
											TOTAL
Registration Fees:				Airfare:							
Lodging:				Misc Expense:							
Total Estimated Cost:											
Please detail any misc expense listed from above:											
PER DIEM CALCULATION											
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	TOTAL
Breakfast											
Lunch											
Dinner											
Total											
Mileage Calculation (If A Personal Vehicle Will Be Used):						Number of Miles:		x		per mile =	
TOTAL ESTIMATED COST											

\_\_\_\_\_  
Mayor or Executive Assistant Approval:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Financial Officer Approval:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Approval:

\_\_\_\_\_  
Date

**This pre-authorization form shall be completed and submitted for approval 30 days in advance for any travel involving fees or overnight stays in state or out of state.**

**Exceptions to the 30 days may be allowed on a case by case basis upon approval by the Mayor's Office or CFO.**