



# City of Lauderhill Employee Travel Authorization Form (2024)

## **TRAVELER DETAILS:**

Traveler: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

## **TRAVEL DETAILS:**

Leave Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Destination (Event location): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Purpose of Travel (Be specific.): \_\_\_\_\_

☐ Conference ☐ Seminar ☐ Training ☐ Meeting ☐ Other: \_\_\_\_\_

Name of Travel Event (Do not use abbreviations.): \_\_\_\_\_

## **TRAVEL COSTS:**

Please submit copies of all check requests relating to conference registration, accommodations, transportation, and per diem with this travel advance form. Upon return, receipts for items not covered by the per diem and gas and tolls must be submitted to Finance with the City's Travel Expense Reimbursement Form.

### **1. Event Registration:**

Event registration fees will be paid in advance by City credit card or check made payable to vendor, provided that attendance at the event serves a direct City purpose.

Cost: \$ \_\_\_\_\_

### **2. Hotel Accommodations:**

Actual expenses for lodging will be paid in advance by City credit card or check made payable to the hotel.

Cost: \$ \_\_\_\_\_

### **3. Transportation Allowance:**

Rental vehicles will only be reimbursed when approved in advance by the City Manager. Mileage will only be reimbursed when no City vehicle is available.

#### **Airlines and/or Train Fare:**

Airline ticket cost will be paid in advance. Taxi, bus, or limousine fares to and from the airport, bus, or train terminal will be reimbursed when documented by receipts. Rental vehicles will only be reimbursed when approved in advance by the City Manager.

Cost: \$ \_\_\_\_\_



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### Private Vehicle:

Private vehicles may only be used when a City vehicle is not available or when traveling with friends and family. The availability of a City vehicle will be determined by the Public Works Department. When using a private vehicle to accommodate friends or family, employee shall be reimbursed for the actual costs of fuel, tolls and parking only when substantiated by receipts. When traveling in a personal vehicle because no City vehicle is available, the employee shall be reimbursed at \$.67 (per [IRS Standard Mileage Rates](#) for business purposes) plus parking and tolls when substantiated by receipts. In order to be reimbursed for mileage you must show proof of ownership of the vehicle (i.e. vehicle title, vehicle registration, etc.)

Cost: \$ \_\_\_\_\_

### City Vehicle:

Gas, parking and tolls will be reimbursed when a City vehicle is used when substantiated with receipts.

Cost: \$ \_\_\_\_\_

### 4. Per Diem:

Employee shall receive a daily per diem in the amount of \$66.00 for all days relating to the overnight stay at an approved conference or convention. The per diem shall cover the cost of all meals, gratuities, tips, and baggage handling. The employee shall receive \$5.00 for all days of the conference for non-incident expenses for a total of \$71.00 per day. The employee shall receive \$62.50 for each travel day. Receipts are not required for these expenses.

Cost: \$ \_\_\_\_\_

### TOTAL COST:

Account: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_



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ALL CHECK REQUESTS ASSOCIATED WITH THIS TRAVEL AUTHORIZATION FORM MUST BE ATTACHED.

### **REQUIRED SIGNATURES:**

The expenses to be incurred by the traveler will be necessary travel expenses in the performance of official duties and are verified by this written declaration that I represent to be true and correct as to every material matter. I understand that a willing misrepresentation as to a material matter is a misdemeanor of the second degree punishable by up to 60 days in jail and up to a \$500 fine pursuant to [Fla. Stat. 166.021 \(9\)\(c\)](#).

☐ I have read and agree to abide by the aforementioned.

Traveler Signature: \_\_\_\_\_

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

☐ Travel Authorized

☐ Travel Not Authorized

Department Director Signature: \_\_\_\_\_

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

☐ Funds Available

☐ Funds Not Available

Finance Director Signature: \_\_\_\_\_

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

☐ Approved

☐ Not Approved

City Manager Signature: \_\_\_\_\_

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