

TRAVEL AUTHORIZATION/ADVANCE AND EXPENSE VOUCHER

eff 1/1/16

DATE February 27, 2024

TRAVEL VOUCHER NUMBER

Traveler Information

Name Christian Bengel

Emp #

Dept. City Council

Address 175 E 2nd ST

New Address?

City Tulsa

St OK

ZIP 74103

Form Preparer & Phone Chris Baughman 918-596-1977

Dept Contact & Phone

Destination Information

Event Tulsa Regional Chamber DC Fly-In

Purpose Government Relations

Event Dates 05/06 - 05/08

Date Departing 05/06/24

Date Returning 5/8/2024

City Washington DC

St

Is this trip on the pre-approved travel list? Yes No

Is this traveler a substitution? Yes If yes, for whom?

FUND

ACCOUNT

T R A V E L

Center

THIS IS A FINAL SUBMISSION OF TRIP EXPENSES

Box is automatically checked when actual expenses are entered below

Outside Payments

Is outside entity paying for any portion of this trip?

No

Yes

If yes, name of organization paying all or part of trip is required in green box at right:

Expense	Number of Days or Miles as applicable	Rate (if applicable)	Estimated Expenses	X	Actual Expenses	Difference
Expenses that may be advanced to the traveler:						
Per Diem - HI/Low rates \$57 or \$68	3.0	\$ 65.83	\$ 197.50			\$ -
Hotel - <u>CHECK 4 GOVERNMENT RATE</u>						-
Parking/Tolls	Type over this when submitting ACTUAL toll expenses. Example: 3 @ \$1.50, 2 @ \$2.25, 1 @ \$1.35, 2 @ \$.50, etc.					-
Taxi/Shuttle/Airline Baggage fee (limit one bag)	Type over this to make comments regarding taxi/shuttle, if necessary. Receipts required for \$15 and over		50.00			-
Personal Mileage or Coach Airfare, if less						-
City or Rental Car Expense-Gasoline/Oil	Type over this to make comments regarding auto expense, if necessary. Receipts required.					-
Phone Calls/Internet: <u>Business use only</u>	Type over this to make comments regarding phone calls, if necessary. Initial all business calls on hotel bills.					-
Other -Type over to list other expenses. <u>Approved business expenses only.</u>						-
Expenses that may be advanced to the traveler *			247.50		-	-
Expenses that are to be paid directly to the vendor including payments made by Purchasing Card:						
AIRFARE	Using P-Card? You must select "X" in box at right. P-Card example: Fund 5331101 Center	X	700.00			-
Car Rental: <u>NO INSURANCE ALLOWED</u>	Using P-Card? You must select "X" in box at right. P-Card example: Fund 5331107 Center					-
Registration: <u>Fully completed form is required with original submission</u>	Using P-Card? You must select "X" in box at right. P-Card example: 7Fund 5331102 Center	X	1,250.00			-
Hotel/Motel: <u>Prepayment with p-card only; no prepayments made by A/P</u>	Using P-Card? You must select "X" in box at right. P-Card example: Fund 5331107 Center	X	740.00			-
Other -Type over to list other expenses. <u>Approved business expenses only.</u>	Using P-Card? You must select "X" in box at right. P-Card example: Fund 5331107 Center					-
Expenses paid directly to the vendor			2,690.00		-	-
Trip Totals			\$ 2,937.50		\$ -	\$ -
Amount paid by Purchasing Card					\$ 2,690.00	TOTAL FINAL
Amount Reimbursed from Other Entity - Automatic entry from green checked boxes at final submission					\$ -	CITY EXPENSE
Advance Amount paid by A/P Check(s)					\$ 247.50	\$ -

If difference is **Positive**, City owes employee. If difference is **Negative**, employee must write a check to the City. NO CASH IS ACCEPTED.

IF NOT REQUESTING ADVANCE, Form must be checked here

ADVANCE AGREEMENT

IMPORTANT: An expense voucher with appropriate receipts and approvals must be submitted to Accounts Payable within 2 weeks following date of return (above) to clear this advance. I understand failure to submit will result in receiving notification that the full amount of the advance will be deducted from my next paycheck and a copy of the notification will be sent to my supervisor. I understand that I will not receive another advance until this advance is cleared.

Traveler's Signature

Date

PreTravel Approval

Section Manager or Designee Signature

Date

Department Head or Designee Signature

Date

Enter any notes here

Certification of Final Trip Expenses

I certify that the above expenses are true and correct

Traveler's Signature

Date

Approval of FINAL Expense after trip completion

Section Manager or Designee Signature

Date

Department Head or Designee Signature

Date