

CITY OF HAGERSTOWN



EMPLOYEE TRAVEL AUTHORIZATION FORM

EMPLOYEE NAME		EMPLOYEE ID	
DEPARTMENT		DEPARTURE DATE	
POSITION TITLE		RETURN DATE	
DESTINATION (City, State/Country)			

BUSINESS PURPOSE (check one):

Audit/Inspection/Licensing;
 Conference;
 Economic Development
 Legal/Law Enforcement;
 Meeting;
 Training;
 Other: _____

EXPLANATION of TRAVEL (attach additional information as necessary):

EXPENSES	Payment Method	Est. Cost
Airfare	<input type="checkbox"/> Employee Reimb.	
	<input type="checkbox"/> Dept. Prepaid	
	<input type="checkbox"/> Third-Party	
Mileage (personal vehicle)	<input type="checkbox"/> Employee Reimb.	
	<input type="checkbox"/> Dept. Prepaid	
	<input type="checkbox"/> Third-Party	
Rental Vehicle	<input type="checkbox"/> Employee Reimb.	
	<input type="checkbox"/> Dept. Prepaid	
	<input type="checkbox"/> Third-Party	
Other Transportation	<input type="checkbox"/> Employee Reimb.	
	<input type="checkbox"/> Dept. Prepaid	
	<input type="checkbox"/> Third-Party	

Expenses	Payment Method	Est. Cost
Lodging	<input type="checkbox"/> Employee Reimb.	
	<input type="checkbox"/> Dept. Prepaid	
	<input type="checkbox"/> Third-Party	
Meals	<input type="checkbox"/> Employee Reimb.	
	<input type="checkbox"/> Dept. Prepaid	
	<input type="checkbox"/> Third-Party	
Registration Fee	<input type="checkbox"/> Employee Reimb.	
	<input type="checkbox"/> Dept. Prepaid	
	<input type="checkbox"/> Third-Party	
Other Expenses	<input type="checkbox"/> Employee Reimb.	
	<input type="checkbox"/> Dept. Prepaid	
	<input type="checkbox"/> Third-Party	
TOTAL ESTIMATED COSTS		\$0.00

EMPLOYEE CERTIFICATION

By signing below, I certify the requested travel is appropriate and necessary for conducting official City business, and agree to comply with the City of Hagerstown's Personnel Manual 130.00 Travel Policy.

SIGNATURE _____
DATE

DEPARTMENT HEAD (or Designee) AUTHORIZATION

APPROVED DENIED

PRINTED NAME & TITLE _____

SIGNATURE _____ DATE _____

FINANCE/HUMAN RESOURCES AUTHORIZATION

HR DIRECTOR SIGNATURE _____
DATE

FINANCE DIRECTOR SIGNATURE _____
DATE

CITY OF HAGERSTOWN

EMPLOYEE TRAVEL AUTHORIZATION FORM



Purpose & Use: All travel with an overnight stay requires prior authorization. This form is provided in accordance with the City's Travel Policy 130.00. Its use is intended for employee travel requiring prior authorization.

Instructions:

- *Form is intended to be completed and submitted for approval by the employee who will be traveling
- *Form must be approved by the authorized individual(s) prior to any travel and/or commitment of funds; prior authorization is required even when there is expected to be no direct cost to the City (e.g., third-party payment)
- *Whether approved or denied, a copy of the form will be sent to HR, Finance, and the requesting employee
- *If approved, copies of the completed form and all required receipts must be retained as supporting documentation for any associated payments and/or employee expense reimbursements

BUSINESS PURPOSE:

Audit-Inspection-Licensing: Travel & expenses related to auditing, inspection, licensing, etc. City regulated entities or industries

Conference: Travel & expenses to attend a conference, seminar, convention, trade show, etc.

Economic Development: Travel & expenses related to the securing of revenue, issues directly impacting revenue, promoting economic vitality & growth, etc.

Legal/Law Enforcement: Travel & expenses related to legal proceedings, law enforcement investigations, transporting individuals in City custody, etc.

Meeting: Travel & expenses to participate in a meeting (note: Meetings are generally less formal and smaller scale in terms of agenda, participants, and duration than Conferences)

Training: Travel & expenses related to receiving or delivering formal training, education or instruction

General Expense/Other: Travel & expenses that do not fit any of the other definitions

EXPLANATION OF TRAVEL: Provide additional information (e.g., name of convention, type of training, etc.) to enhance the approver's evaluation of the request.

EXPENSES: Provide an estimate of all expected allowable travel expenses and indicate whether the expense will be **(1) Reimbursed to the Employee** , **(2) Prepaid by the Department** , or **(3) Paid by a Third-Party**.