



City of North Miami Beach, Florida

TRAVEL AUTHORIZATION FORM

Pursuant to Resolution 2012-87, this form must accompany all requests for travel expense reimbursement.

Name: _____ Phone: _____

Department: _____ Division: _____

Purpose of Travel: _____

Dates of Travel: _____ to _____

Account Number(s): _____

Estimated Cost:

1. Registration: \$ _____
 2. Hotel: \$ _____
 3. Air Fare: \$ _____
 4. Meals: \$ _____
 5. Car Rental: \$ _____
 6. Mileage: \$ _____ Miles _____ x \$ _____ rate
 7. Other: \$ _____ (Explain) _____
- Total:** \$ _____

Additional Comments: _____

Dept. Head Signature: _____ Date: _____

City Manager's Signature: _____ Date: _____