

HOUSING AUTHORITY OF KANSAS CITY KANSAS
TRAVEL AUTHORIZATION

NAME OF TRAVELER: _____ **TITLE:** _____

TO ATTEND: Name of Function: _____

Location: _____

Tel. No.: _____ **Dates:** _____

Item:	Amount	Check #	Date	Received by
Registration:				
Lodging:				
Per Diem:				
Travel:				
Other:				

TOTAL: _____

ATTACHED ARE THE FOLLOWING: Copy of Registration Form
Copy of Lodging Registration of Confirmation
Copy of Travel Itinerary

TRAVEL IS BASED ON: () Actual cost of tickets
(X) Personal Vehicle _____ Miles @ _____ per mile
() Agency Vehicle

PER DIEM IS BASED ON: _____ days @ \$ _____ per day

TRAVEL IS BASED ON: _____ days @ \$ _____ per day

TRAVEL IS TO BE CHARGED TO: _____

TRAVEL APPROVED BY: _____
(Title) (Date)

IT IS SPECIFICALLY UNDERSTOOD THAT THE PURPOSE OF THIS TRAVEL IS TO ATTEND THE FUNCTION STATED ABOVE FOR THE PURPOSE OF CONDUCTING OFFICAL AGENCY BUSINESS ONLY.

SIGNATURE OF TRAVLER: _____ **DATE:** _____