

**CONTRA COSTA WATER DISTRICT  
TRAVEL AUTHORIZATION REQUEST**  
(Complete all expense categories prior to submittal)

Employee: \_\_\_\_\_ Dept.: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Date(s) of Proposed Travel: \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

**Estimated Travel Costs:**

Lodging \_\_\_\_\_ Days at \_\_\_\_\_ per day Lodging \$0.00

<u>Meals</u>	<u>No.</u>	<u>\$</u>	
Breakfasts	_____	12.00	0.00
Lunches	_____	16.00	0.00
Dinners	_____	32.00	0.00
			<u>Total Meals</u> <u>\$0.00</u>

Registration \_\_\_\_\_ Registration \$0.00

Transportation

Type: \_\_\_\_\_ Travel \$0.00

Mileage Reimbursement: \_\_\_\_\_ Mileage \$0.00  
 \_\_\_\_\_ \$0.445 per mile

Miscellaneous \_\_\_\_\_ Misc. \$0.00

List: \_\_\_\_\_  
 \_\_\_\_\_

**Total Travel Expenses** \$0.00

<u>Account Nos.:</u>			Less Pre-paid:
Lodging/travel/miles/misc. (9202)	_____	\$0.00	Lodging _____
Meals/Business Activities (9213)	_____	\$0.00	Registration <u>\$0.00</u>
Registration/Training (9217)	_____	\$0.00	Transportation _____
			Cash Advance _____
			Balance <u>\$0.00</u>

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department Head

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director of Finance

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Assistant General Manager  
 (When **total** Travel Expenses exceed \$1,000.00 & in Calif., AGM approval required)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 General Manager  
 (When **total** Travel Expenses exceed \$2,000.00 or out of state, GM approval required)