



CITY AND COUNTY OF SAN FRANCISCO EMPLOYEE EXPENSE PREAPPROVAL FORM
Recreation and Park Department

Complete before paying business expenses out-of-pocket. For travel, please attach 1) travel agency flight quote/agenda and 2) detailed conference/meeting agenda along with any other pertinent supporting documentation.

EMPLOYEE: _____ JOB CLASS/TITLE: _____

DESTINATION (FOR TRAVEL): _____ DATES: _____

PURPOSE: _____

A. Airfare*: _____

Employee must provide comparative quotes for a roundtrip ticket to/from the conference/training location.

Quote for Airfare ____ *Please use Kayak, Travelocity, Expedia, etc. to obtain three (3) comparable quotes for a roundtrip ticket to/from the conference/training location.*

Booking via City's travel agent? Yes No *Please do not call Clement Travel until Accounts Payable notifies you that the Preapproval has been entered in the financial system.*

Luggage (1 checked allowed) _____

B. Travel to/from Bay Area airport: _____

Public transit is encouraged for use on business trips by Employee Handbook and City's Transit First Policy. If not using public transit, provide justification:

Public Transit Fare _____

Cab Fare (maximum \$_____/each way) _____

Mileage (\$____x____miles) _____

Parking (max \$____daily rate x____days) _____

C. Travel to/from destination airport: _____

Public Transit Fare _____

Cab Fare _____

Car Rental (w/gas, parking and **no insurance**) _____

If using car rental, provide justification:

D. Lodging (includes estimated taxes) *: _____

Hotel Name _____ Nightly Rate excluding Taxes _____

GSA Nightly Rate (from www.gsa.gov under Per Diem Rates) _____

Justification for nightly rate exceeding GSA rate, if applicable:

**The City's policy states "Employees and officials are responsible for cancellation of lodging and transportation if travel is cancelled or postponed, to ensure that the City will not be liable for any unnecessary costs."*



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E. Meals: _____

See www.gsa.gov under Per Diem Rates for applicable meal rates:

Breakfast (___ Days x ___ Rate) _____
Lunch (___ Days x ___ Rate) _____
Dinner (___ Days x ___ Rate) _____
Incidentals (___ Days x ___ Rate) _____

F. Conference/Registration/Membership fees: _____

Required documentation includes copy of conference registration information showing location, dates of conference, and conference/registration fees.

Will department pay fees directly to conference? Yes No

G. Other (materials &supplies-minor, non-recurring to a single vendor or emergency, less than \$200, for business purposes):

Item 1 _____ \$ _____
Item 2 _____ \$ _____
Item 3 _____ \$ _____

Justification: _____

TOTAL COST ESTIMATE: _____

FUNDING SOURCE (FINANCE TO VALIDATE):

FUND _____
DEPT _____
PROJECT _____
ACTIVITY _____
AUTHORITY _____
ACCOUNT _____

PRE-APPROVED BY: _____ **DATE:** _____
MANAGER

AUTHORIZED TRAVEL SIGNATORY: DEREK CHU _____ **DATE:** _____

or
DEPARTMENT HEAD: PHIL GINSBURG _____ **DATE:** _____