



City of Tucker

CONFERENCE AUTHORIZATION

Payable to: _____

Date: _____

Address: _____

Will pick up at Business Office

Mail to payee

Mail to payee with attached documents:

(Please attach original and one copy)

Return to originator

Date Required: _____

Charge on City Credit Card

Additional instructions:

Description/Purpose:

Conference Name:
Address:
Dates & Times:
Distance to Travel*:

*Lesser of home or office to/from destination- include support (i.e. Google Maps directions)

Non-Exempt Only

To Conference:

From Conference:

Time of Departure	_____ am/pm		_____ am/pm
Time of Arrival	_____ am/pm		_____ am/pm

Acct. No. xxx-xxx-xxxxx-xxxxx	Amount
Travel	
Hotel	
Meals (follow standard/high cost in-State per diem rates)	
Total	\$0.00

Print Name of Originator

Signature Date

Department

Phone Ext.

Supervisor Approval (Print Name) *

Signature Date

*Supervisor means your direct report to whom your department reports.

Attach all original receipts & pertinent documentation. Make sure that receipts total amount requested.