



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](http://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](http://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:** \_\_\_\_\_

**PLEASE REMEMBER** to include the following in the Travel Expense Voucher or Field Expense Form when submitting for reimbursement:

- **Original receipts for all allowable expenses (see A/P supervisor for list)**
- **Employee's proof of payment (showing employee's name) which may include, but not limited to, a cancelled check, bank statement, credit card statement, or original receipt that shows the expense.**

**TOTAL COST ESTIMATE:** \_\_\_\_\_

**FUNDING SOURCE (FINANCE TO VALIDATE):**

FUND \_\_\_\_\_ DEPT \_\_\_\_\_  
PROJECT \_\_\_\_\_ ACTIVITY \_\_\_\_\_  
AUTHORITY \_\_\_\_\_ ACCOUNT \_\_\_\_\_

**PRE-APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
MANAGER

**AUTHORIZED TRAVEL SIGNATORY: ANTONIO GUERRA** \_\_\_\_\_ **DATE:** \_\_\_\_\_

or  
**DEPARTMENT HEAD: PHIL GINSBURG** \_\_\_\_\_ **DATE:** \_\_\_\_\_