



Travel Authorization

City of South Padre Island
 4601 Padre Blvd.
 South Padre Island, TX 78597
 Phone: (956) 761-8127
 Fax: (956) 761-3892

Employee Information

Name: _____ Date: _____

Department / Division: _____ Title: _____

Travel Information

Destination: _____

Travel Date(s): _____ Length of Stay: _____

Name(s) of other employee attendees: _____

Purpose: _____

Benefit to the City: _____

Approved Cost by Director

Date	Daily Meal Allowances			Daily Total:
Mon. _____	<input type="checkbox"/> B + 20% Tip = \$18	<input type="checkbox"/> L + 20% Tip = \$24	<input type="checkbox"/> D + 20% Tip = \$36	_____
Tues. _____	<input type="checkbox"/> B + 20% Tip = \$18	<input type="checkbox"/> L + 20% Tip = \$24	<input type="checkbox"/> D + 20% Tip = \$36	_____
Wed. _____	<input type="checkbox"/> B + 20% Tip = \$18	<input type="checkbox"/> L + 20% Tip = \$24	<input type="checkbox"/> D + 20% Tip = \$36	_____
Thurs. _____	<input type="checkbox"/> B + 20% Tip = \$18	<input type="checkbox"/> L + 20% Tip = \$24	<input type="checkbox"/> D + 20% Tip = \$36	_____
Fri. _____	<input type="checkbox"/> B + 20% Tip = \$18	<input type="checkbox"/> L + 20% Tip = \$24	<input type="checkbox"/> D + 20% Tip = \$36	_____
Sat. _____	<input type="checkbox"/> B + 20% Tip = \$18	<input type="checkbox"/> L + 20% Tip = \$24	<input type="checkbox"/> D + 20% Tip = \$36	_____
Sun. _____	<input type="checkbox"/> B + 20% Tip = \$18	<input type="checkbox"/> L + 20% Tip = \$24	<input type="checkbox"/> D + 20% Tip = \$36	_____

Total Costs

Hotel: _____ Code: _____ Transportation: _____ Code: _____
 Meals: _____ Code: _____ Registration Fee: _____ Code: _____

 Employee Signature

 Director Approval

Funding Available

Please submit approved form to the Finance Department with all pertaining information. (Check request and expense report forms)
 Purchases over \$750 require a purchase order.
 GBouquet@MySPI.org

Form Number: IFI0004
 Last Updated: 01/30/24