

Request for Overnight Travel

Department:

Destination

Dates

Sponsor/Organization

Trip Duration

Budgeted? Yes or No?

If not budgted, what is the funding source?

Employee Name:

Employee #:

Employee(s) Estimated Cost:

Meals	
Lodging	
Transportation	
Registration	
Other	
Total Cost	

Purpose of Trip

Account Codes:

Is an exception to the meal reimbursement rates requested? Yes or No?

If Yes Explain

Approval

Department Head,

County Administrator,

Return original to requesting department & copy to Accounting