

Marion County Commission Authorization to Incur Travel Request for Travel Advance and Prepayment

Traveler: _____ Date: _____

Employee Number: _____ Dept #: _____

Travel Destination: _____ Dept Name: _____

Purpose: _____

Date: _____ Time: _____ of Departure

Date: _____ Time: _____ of Return

REGISTRATION INFORMATION

(Attach Registration Form)

Account #: _____ Registration Check Amount: _____

Registration Check Payable To: _____

Mail Registration Check To: _____

Registration Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Check One: Mail Registration Check Traveler to Carry Registration Check P-Card Purchase

HOTEL INFORMATION

Hotel Name: _____

Hotel Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Confirmation Number: _____

Account Number: _____ Hotel Check Amount: _____

Check One: Mail Hotel Check Traveler to Carry Hotel Check P-Card Purchase

TRAVELER'S COST OF TRAVEL

Meals: B _____ Per Day x _____
 L _____ Per Day x _____
 D _____ Per Day x _____ Days = _____

County Vehicle Requested? YES NO (Gas Card Available)

Mileage Private Vehicle: _____ Miles @ \$ _____

Traveler's Total Estimated Expenses _____

Travel Advance Check Requested? YES NO

Requested Amount of Travel Advance _____
 (80% of total estimated expenses)

Account #: _____

INFORMATION FOR ADMINISTRATION

ESTIMATED COST OF TRAVEL

Registration _____

Lodging _____

Traveler's Estimated Cost _____

Total Estimated Cost of Travel _____

TRAVELERS SIGNATURE: _____

DATE: _____

DEPARTMENT HEAD SIGNATURE: _____

DATE: _____

Upon return from travel, employees must file Form T-1 including receipts within 5 work days.

APPROVAL: _____

DATE: _____

Assistant County Administrator

APPROVAL: _____

DATE: _____

Procurement Services

APPROVAL: _____

DATE: _____

County Administrator