BAY COUNTY TRAVEL REQUEST

Name: _____

Destination: _____

Purpose: _____

Departure Date & Time: _____ Return Date & Time: _____

Expenses to be reimbursed to the employee:

Charge Meals/Lodging/Fees to _____86100

Per Diem Cost and Meal Quantity: $_____ #_____ Breakfast

$_____ #_____ Lunch

$_____ #_____ Dinner Subtotal: $_____

Charge State Travel Mileage to_____86500

_____miles @ _____/mile Subtotal: $_____

TOTAL AMOUNT OF TRAVEL REQUEST $_____

Budget Source:

_____ Funds exist, and travel was approved in our current year's budget.

_____ Funds exist; however, this trip was not specifically listed in our budget.

_____ Funds do not exist within our Departmental Budget. Board Resolution # _____

_____ Trip unbudgeted, exceed 300 air miles from Bay City. Board Resolution # _____

Other costs associated with the above travel not to be reimbursed to the employee:

_____ Conference Fee Paid Via: _____ Totaling: $_____

_____ Hotel Charges Paid Via: _____ Totaling: $_____

_____ Other* Description: _____

Paid Via: _____ Totaling: $_____

_____ _____

Employee Name/Date Department Head or Elected Official/Date

Cash advances MUST be requested through Accounts Payable AFTER receipt of the Bay County Travel Authorization

Supporting Documentation attached:

_____ Map Quest/Google Maps/Bing Maps _____ Conference Information or Meeting Notice

_____ Board Resolutions _____ other pertinent information

*As an example: taxi fares, parking fees, highway toll