TRAVEL REQUEST

Employee _____

Travel Date(s)_____ Other County Attendees _____

_____

Seminar/Event_____

Location_____

****Attach registration form****

REGISTRATION FEE

Issue Check to:

Mail Check ☐ _____ (Company Name)

Hold Check ☐ _____ (Mailing Address)

_____ (City, State, Zip)

Fee Amount $_____ X ( ) # employees = $_____ Total Fee

Expense Account # ___ ___--___ ___ ___ ___--___ ___ ___--___ ___

HOTEL/MOTEL

Mail Check ☐ _____ (Hotel/Motel Name)

Hold Check ☐ _____ (Mailing Address)

_____(City, State, Zip)

Per night rate $_____

Occupancy Tax $_____

____%Sales Tax $_____

Total per night $_____ X ( ) # of nights = $_____ Total

Confirmation #_____

Name reservations made under_____

Expense Account # ___ ___--___ ___ ___ ___--___ ___ ___--___ ___

TRAVEL ADVANCE REQUEST

Yes___ **No**___

Payable to _____

Expected Meal Expense $_____

Expected Transportation Expense $_____

Other _____ $_____

Total Advance $_____

Expense Account # ___ ___--___ ___ ___ ___--___ ___ ___--___ ___

MODE OF TRAVEL

County Vehicle _____Private Auto _____Commercial Carrier _____

A valid NC driver's license is required to operate a county or privately owned vehicle while on county business.

I understand excess travel advances must be repaid within ten (10) days of travel completion and related receipts turned into the Finance Office. My failure to comply could result in a deduction from my pay.

_____ Employee Signature

_____ Date

Approved: _____ Department Head

Department Head Travel or <u>any</u> out of state travel must be authorized by the County Manager.

_____ County Manager

_____ Date