

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 any out of state travel must be authorized by the County Manager.

County Manager

Date