

ADVANCE TRAVEL AUTHORIZATION

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Dept. Codes: \_\_\_\_\_

Type Transportation Used: (please check appropriate)

County-owned Vehicle: \_\_\_\_\_ Airfare: \_\_\_\_\_ Other: \_\_\_\_\_

Destination: \_\_\_\_\_ In-State: \_\_\_\_\_ Out of State: \_\_\_\_\_ What State \_\_\_\_\_

Purpose: \_\_\_\_\_

Date(s) of Travel: From: \_\_\_\_\_ To: \_\_\_\_\_

Training Costs

Registration: \$ \_\_\_\_\_  
Meeting /Conference Fee: \$ \_\_\_\_\_  
Class/Tuition Fee: \$ \_\_\_\_\_  
Course Materials (books) \$ \_\_\_\_\_

Travel Costs

Hotel/Motel: \$ \_\_\_\_\_  
Meals/Tips: \$ \_\_\_\_\_  
Parking/Taxicab Fees: \$ \_\_\_\_\_  
Airfare: \$ \_\_\_\_\_

Mileage Reimbursement (any mileage) per mile

\$ \_\_\_\_\_

TOTAL ESTIMATED COST: \$ \_\_\_\_\_

CASH ADVANCE REQUESTED: \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Department Head's Signature

CASH ADVANCE APPROVED: Vendor: \_\_\_\_\_ Check #: \_\_\_\_\_  
Invoice #: \_\_\_\_\_ Received: \_\_\_\_\_  
Inv. Date: \_\_\_\_\_ Verified: \_\_\_\_\_  
Inv. Amt: \_\_\_\_\_ P. O. P. \_\_\_\_\_

G/L No. Amt.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

This section to be completed by County Manager's Office

Code: \_\_\_\_\_ Code: \_\_\_\_\_ Code: \_\_\_\_\_  
Budgeted Balance Budgeted Balance Budgeted Balance  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature