

**TRAVEL REQUEST FORM**

NAME	Abby Volk			DATE	4/15/2024
DATE OF EVENT	6/2-5/2024			PROGRAM CHARGED TO	340B
EVENT START DATE	06/02/24	EVENT START TIME	9:00 am	DEPARTURE TIME	6:00 am
EVENT END DATE	06/05/24	EVENT END TIME	12:00 pm	RETURN TIME	6:00 pm
EVENT NAME	STI Engage				
LOCATION	Washington Hilton, Washington DC			COUNTY	STATE DC

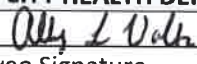
**EVENT BENEFIT**

CEU's	Yes	No	Professional Growth	<input checked="" type="radio"/> Yes	No	Program Required	Yes	No
ODRS Field Record #'s								
Special Notes								

**ESTIMATED COVERED EXPENSES**

						TOTALS
<b>Registration Fees</b>						\$ 795.00
<b>Lodging Expenses</b>	3	X	285	X	15.95	=
	# of Nights		\$Rate/Night		% Tax Rate	
						\$ 855.00
Names of employees sharing room						
<b>Meals</b>						
	# Breakfasts	4	X	\$ 10.00	=	\$ 40.00
	# Lunches	4	X	\$ 15.00	=	\$ 60.00
	# Dinners	4	X	\$ 26.00	=	\$ 104.00
<b>Transportation</b>						
Will a City Vehicle be used for this trip?	Names of employees sharing vehicle transportation		Fuel for city vehicle used (for trips that would use more than one tank)		\$ 0.00	
Yes <input checked="" type="radio"/> No						
Mileage (estimate for personal vehicle)	130.00	X	0.58	=	\$ 75.40	
	Miles		Current OBM Rate			
Airfare						\$ 344.00
Taxi/tolls/ground transportation						\$ 80.00
Parking	4	X	\$ 12.00	=	\$ 48.00	
	# of Days		\$Rate/Night			
Other Expenses (please describe)						
<b>TOTAL REGISTRATION AND TRAVEL EXPENSES</b>						<b>\$ 2,401.40</b>

**GALION CITY HEALTH DEPARTMENT APPROVALS**

		Sarah Miley		Digitally signed by Sarah Miley Date: 2024.04.16 07:14:11 -04'00'	
Employee Signature	Date	Supervisor Signature	Date		
Travel Approved	<input checked="" type="radio"/> Yes <input type="radio"/> No	Supervisor Title			

**FOR AUDITOR USE ONLY**

Requisition#		P.O.#	
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