


TRAVEL REQUEST FORM

NAME	Sarah Miley	DATE	9/3/25		
D° u- \ 7-†-Vu	9/3/25	PROGRAM CHARGED TO	STI		
EVENT START DATE	09/14/25	EVENT START TIME	9:00 am	DEPARTURE TIME	8:00 am
EVENT END DATE	09/16/25	EVENT END TIME	3:00 pm	RETURN TIME	4:00 pm
EVENT NAME	NACCHO STI/HIV Program Director Orientation				
LOCATION	Drury Plaza Hotel, St. Paul, MN	COUNTY	Ramsey	STATE	MN

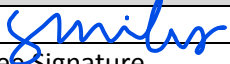
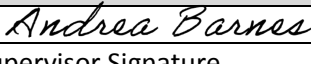
EVENT BENEFIT

CEU's	 Yes	<input checked="" type="radio"/> No	Professional Growth	<input checked="" type="radio"/> Yes	No	Program Required	Yes	<input checked="" type="radio"/> No
ODRS Field Record #'s								
Special Notes	All expenses will be reimbursed directly to Sarah Miley by NACCHO							

ESTIMATED COVERED EXPENSES

					TOTALS
Registration Fees					
Lodging Expenses	X		X	=	
# of Nights		\$Rate/Night		% Tax Rate	\$ 0.00
Names of employees sharing room					
Meals					
# Breakfasts	X	\$ 10.00		=	\$ 0.00
# Lunches	X	\$ 15.00		=	\$ 0.00
# Dinners	X	\$ 26.00		=	\$ 0.00
Transportation					
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)	0.00	X	0.58	=	\$ 0.00
	Miles		Current OBM Rate		
Airfare					
Taxi/tolls/ground transportation					
Parking	X			=	\$ 0.00
	# of Days	\$Rate/Night			
Other Expenses (please describe)					
TOTAL REGISTRATION AND TRAVEL EXPENSES					\$ 0.00

GALION CITY HEALTH DEPARTMENT APPROVALS

					
Employee Signature	Date	09/03/25	Supervisor Signature	Date	09/03/2025
Travel Approved	<input checked="" type="radio"/> Yes	No	Supervisor Title	Health Commissioner	

FOR AUDITOR USE ONLY

Requisition#		P.O.#	
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