

TRAVEL REQUEST FORM

NAME	Sarah Miley			DATE	5/6/26
D° u- \ 7-†-Vu	8/31-9/2/26			PROGRAM CHARGED TO	340B
EVENT START DATE	08/31/26	EVENT START TIME	2:00 pm	DEPARTURE TIME	7:00 am
EVENT END DATE	09/02/26	EVENT END TIME	2:00 pm	RETURN TIME	8:00 pm
EVENT NAME	STI Prevention Conference				
LOCATION	3315 Peachtree Rd NE, Atlanta 30326			COUNTY	Fulton
				STATE	GA

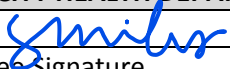
EVENT BENEFIT

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

ESTIMATED COVERED EXPENSES

						TOTALS
Registration Fees						\$ 600.00
Lodging Expenses	2	X	199.00	X	=	\$ 398.00
	# of Nights		\$Rate/Night		% Tax Rate	
Names of employees sharing room						
Meals						
	# Breakfasts	3	X	\$ 22.00	=	\$ 66.00
	# Lunches	3	X	\$ 23.00	=	\$ 69.00
	# Dinners	3	X	\$ 36.00	=	\$ 108.00
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 No	Abby Volk, Jenny Jordan					
Mileage (estimate for personal vehicle)	X	0.58	=	\$ 0.00		
	Miles	Current OBM Rate				
Airfare						\$ 226.79
Taxi/tolls/ground transportation						\$ 80.00
Parking	X		=	\$ 0.00		
	# of Days	\$Rate/Night				
Other Expenses (please describe)	Amenity Fee + Tax, Atlanta Hotel Fee, Room Tax					\$ 124.02
TOTAL REGISTRATION AND TRAVEL EXPENSES						\$ 1,671.81

GALION CITY HEALTH DEPARTMENT APPROVALS

			
Employee Signature	Date	05/06/26	Supervisor Signature
Travel Approved	Yes	No	Supervisor Title

FOR AUDITOR USE ONLY

Requisition#		P.O.#	
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