


TRAVEL REQUEST FORM

NAME				DATE	
D° u- \ 7-†-Vu				PROGRAM CHARGED TO	
EVENT START DATE		EVENT START TIME		DEPARTURE TIME	
EVENT END DATE		EVENT END TIME		RETURN TIME	
EVENT NAME					
LOCATION				COUNTY	STATE

EVENT BENEFIT

CEU's		Yes	No	Professional Growth	<u>Yes</u>	No	Program Required	Yes	No
ODRS Field Record #'s									
Special Notes									

ESTIMATED COVERED EXPENSES

					TOTALS
Registration Fees					
Lodging Expenses	X		X	=	
# of Nights		\$Rate/Night		% Tax Rate	
Names of employees sharing room					
Meals					
	# Breakfasts	X		=	
	# Lunches	X		=	
	# Dinners	X		=	
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)		
Yes <u>NO</u>					
Mileage (estimate for personal vehicle)	X		=		
	Miles	Current OBM Rate			
Airfare					
Taxi/tolls/ground transportation					
Parking	X		=		
	# of Days	\$Rate/Night			
Other Expenses (please describe)					
TOTAL REGISTRATION AND TRAVEL EXPENSES					

GALION CITY HEALTH DEPARTMENT APPROVALS

<u>Debra J. Voller</u>			
Employee Signature	Date	Supervisor Signature	Date
Travel Approved	Yes	No	Supervisor Title

FOR AUDITOR USE ONLY

Requisition#		P.O.#	
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