

TRAVEL REQUEST FORM

NAME	Matt Schwab	DATE	10/8/2026		
D!¢9 hC 9±9b¢	11/05/2026 - 11/06/2026	PROGRAM CHARGED TO	FDA		
EVENT START DATE	11/04/26	EVENT START TIME	10:36 am	DEPARTURE TIME	8:00 am
EVENT END DATE	11/06/26	EVENT END TIME	4:00 pm	RETURN TIME	8:30 pm
EVENT NAME	NACCHO Mentorship Program Face-to-Face Meeting				
LOCATION	Fairfax Co. Health Department	COUNTY	Fairfax	STATE	VA

EVENT BENEFIT

CEU's	☒ Yes	☐ No	Professional Growth	☒ Yes	☐ No	Program Required	☒ Yes	☐ No
ODRS Field Record #'s								
Special Notes	Required attendance for grant reimbursement.							

ESTIMATED COVERED EXPENSES

							TOTALS
Registration Fees							
Lodging Expenses	2	X	190	X	15	=	\$ 380.00
	# of Nights		\$Rate/Night		% Tax Rate		
Names of employees sharing room							
Meals							
	# Breakfasts	2	X	\$ 23.00	=		\$ 46.00
	# Lunches	2	X	\$ 26.00	=		\$ 52.00
	# Dinners	2	X	\$ 38.00	=		\$ 76.00
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						
Mileage (estimate for personal vehicle)	128.00	X	0.58	=	\$ 74.24		
	Miles		Current OBM Rate				
Airfare							\$ 407.31
Taxi/tolls/ground transportation							
Parking	3	X	\$ 11.00	=	\$ 33.00		
	# of Days		\$Rate/Night				
Other Expenses (please describe)							
TOTAL REGISTRATION AND TRAVEL EXPENSES							\$ 1,068.55

GALION CITY HEALTH DEPARTMENT APPROVALS

Matthew A. Schwab*		Digitally signed by Matthew A. Schwab Date: 2026.10.08 11:42:24 -04'00'			
Employee Signature	Date	10/08/26	Supervisor Signature	Date	
Travel Approved	Yes	No	Supervisor Title		

FOR AUDITOR USE ONLY

Requisition#		P.O.#	
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