

Travel Authorization and Advances for Meetings, Workshops, Schools

Name: _____
Title: _____
Department: _____

Places of Travel

From: _____
To: _____

Purpose and Remarks:
(Attach Brochure)

Period of Travel: Beginning on or about _____ Ending on or about _____

Mode of Travel

County Vehicle
Personal Vehicle
Other: _____

Estimated Cost

Transportation: \$ _____
Per Diem: \$ _____
Other: \$ _____

Total: \$ _____

How will the cost be covered:

Will you be reimbursed from an agency other than Dawson County?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Mileage	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Lodging	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Meals	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Registration Fees	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$ _____
Total					\$ _____

Advance

Are you requesting an advance for the costs? Yes No
If yes, you must include a promissory note and a claim form.

Absence

Arrangements for replacement during absence, please explain:

Other employees attending:

Department Approval

Department Head Approval: _____
Submitted on this date: _____

Commissioner Approval

Approved Date: _____
Disapproved Date: _____

Board of County Commissioners
Chairman _____
Member _____
Member _____