



AUTHORIZATION FOR OUT OF STATE TRAVEL

Employee(s): _____

Department: _____ Position(s): _____

Name of Conference/Training/Meeting: _____

Location of Conference/Training/Meeting: _____

County Funds Grant Funds Other: _____

TRAVEL EXPENSE ESTIMATE (*only list expenses that will be expensed to the County Funds or Grant Funds*)

Registration Expense: _____

Lodging Expense: _____

Estimated Meal Expense: _____

Mileage/Air/Rental Expense: _____

Parking/Taxi Expense: _____

Other: _____

Total Expense: _____

Is Conference/Workshop required by a grant or employee licensing? Yes ___ No ___

Date of Conference: _____ through _____

Total Time Away from Work (*work hours*): _____

Department Director/Elected Official: _____ Date: _____

Commission Chair: _____ Date: _____