

# TRAVEL & TRAINING APPROVAL REQUEST FORM

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EMPLOYEE NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

**TYPE:**      SEMINAR            CONFERENCE            CONTINUING ED        
                 MEETING            CONVENTION     

IF CONTINUING EDUCATION IS CHECKED, IS IT NECESSARY TO MAINTAIN PROFESSIONAL CERTIFICATION?    **YES**                      **NO**

LOCATION: \_\_\_\_\_

PURPOSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE(S): \_\_\_\_\_

## COSTS:

ATTENDANCE/REGISTRATION FEE \_\_\_\_\_

HOTEL/LODGING \_\_\_\_\_ AIR TRAVEL \_\_\_\_\_

RENTAL CAR \_\_\_\_\_ MILEAGE \_\_\_\_\_

PARKING/TOLLS \_\_\_\_\_ MEALS \_\_\_\_\_

**TOTAL** \_\_\_\_\_

INDICATE THE **ACCOUNT NUMBER** THIS WILL BE FUNDED FROM:

	APPROVED	NOT APPROVED
DEPARTMENT HEAD	<input type="checkbox"/>	<input type="checkbox"/>
ANGEL PERKINS, CFO	<input type="checkbox"/>	<input type="checkbox"/>
MAYOR MELINDA E. BARRETT	<input type="checkbox"/>	<input type="checkbox"/>

**IF APPROVED WILL YOU BE USING P-CARD                      OR                      CHECK REQUEST**

**IF THE TRAVEL / TRAINING REQUEST FORM HAS BEEN APPROVED, YOU MUST RETURN THE APPROVAL TO AUDITING IN ORDER TO PROCESS PAYMENT OR REIMBURSEMENT.**