



# TRAVEL PAYMENT APPROVAL REQUEST FORM

Please check one:

☐ Out of County Travel

☒ Out of State Travel (Attach required Board approval per GC 24058)

☐ Is travel required per agreement/contract? Please attach copy of excerpt page from agreement/contract.

Employee Requesting Travel	Dates	Location and Nature of Meeting
Maria C Corona	7/27-8/1/2018	National Association of Area Agencies N4A Chicago, Illinois

## ESTIMATED COSTS:

Program / Budget Unit:

HSA 221.80.2285

Registration: \$550.00

Mileage: \$0.00 pd upon return

Lodging: \$1,285.53 \*Government Rate + Taxes

Parking: \$86.00

Airfare: \$421.00

Meals: \$279.50 auto fill from below

Other: \$77.00 taxi, tolls, etc

TOTAL: \$2,699.03 ← Auto Add

### Please Attach (if applicable)

- ☒ Completed Registration Form/Call to Meeting/Call to Training  
\* Remember to submit agenda/roll call after attendance
- ☒ Co. vehicle approval form or map w/mileage for personal vehicle use
- ☒ Hotel confirmation w/ total & conf number \*return hotel receipt
- ☒ Attach receipts (pd upon return if not pd with hotel)
- ☒ Flight detail and payment confirmation
- ☒ Complete boxes below \*\*\*
- ☒ Attach receipts (pd upon return)

\*\*\*enter meal amount in box you are requesting per diem

DATE	BREAKFAST	LUNCH	DINNER	
7/27/2018		\$19.50	\$36.50	\$56.00
7/28/2018	\$18.00	\$19.50		\$37.50
7/29/2018	\$18.00	\$19.50		\$37.50
7/30/2018			\$36.50	\$36.50
7/31/2018		\$19.50	\$36.50	\$56.00
8/1/2018		\$19.50	\$36.50	\$56.00
Total \$ meals requested (auto add »)				\$279.50

Clarca  
Fiscal Approval

Employee Signature

Date

Expenses: requesting payment by check prior to leaving

Date	To:	\$0.00
Date	To:	\$0.00
Date	To:	\$0.00

Expenses: requesting payment by check upon return with receipts

Date	To:	\$0.00
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Supervisor Signature

Date

For Auditing purposes only

Transportation	619 200	\$0.00
Lodging	619 196	\$0.00
Meals	619 198	\$0.00
Registration	619 194	\$0.00
TOTAL		\$0.00

James Rydingsword, Director

Date

5/30/2018