

CAMDEN COUNTY

TRAVEL AND TRAINING REQUEST FORM

Employee Name		
First:	MI:	Last:
Date of Request:	Employee Number:	Department:
Office Phone:	Office Fax:	Email Address:
Course/Class:		
Purpose of Travel: (Please attach any supporting documents including schedule, brochure, receipts, etc):		
Desired competency skills to be acquired through this training (i.e. Customer Service, Telephone Skills, Management Training, Time Management, Communication, etc):		
Course/Class Date(s):		Time:
Location:	No. of Days:	Estimated Mileage:
Is this training budgeted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be using a P-Card?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be taking a County Commissioner's vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be renting vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing Director's Approval:		Date:
Additional Comments:		

CAMDEN COUNTY TRAVEL FORM

NAME: _____ DEPARTMENT: _____

PROPOSED ITINERARY: Departure Date/Time: _____ Return Date/Time: _____

ACTUAL ITINERARY: Departure Date/Time: _____ Return Date/Time: _____

NATURE OF BUSINESS: (In Detail)

 (Note: Attach course schedule, registration information, etc.)

TRAVEL DESTINATION: _____

Within 300 mile and airfare requested? Yes ___ No ___ If Yes, attach explanation.

CALCULATION:	ESTIMATED (Department)	ACTUAL (Employee)	AUDIT (Finance)
A. Plane Fare.....	_____	_____	_____
B. Private Auto (_____/mi).....	_____	_____	_____
C. Fuel for County Vehicle..... (Attach detailed receipts)	_____	_____	_____
D. Lodging (Detailed Receipts).....	_____	_____	_____
E. Meals and Incidentals ____ day(s).... (DETAILED RECEIPTS ATTACHED) Per diem includes total meal cost (including tip) and other incidentals	_____	_____	_____
F. Taxi/Parking/Rental Vehicle..... (Attach receipts/confirmation)	_____	_____	_____
G. Miscellaneous (Registration, books, training products)	_____	_____	_____
TOTAL EXPENSES:	_____	_____	_____
ADVANCED TRAVEL PAY:	_____	_____	_____
TOTAL DUE (COUNTY)/EMPLOYEE	_____		

 EMPLOYEE SIGNATURE _____ DATE

 APPROVAL SIGNATURE _____ DATE

The above expenses were incurred when and as indicated above, in compliance with the travel policies. This form must be returned to Finance upon completion of travel, with required signatures, copies of course schedules, maps and DETAILED RECEIPTS.

LAST 4 DIGITS OF CARD NUMBER _____

ACCOUNT(S) TO BE EXPENSED _____