



## Madison County Commission Travel Request Form

Request Date: \_\_\_\_\_

Department: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

### Estimated Costs

ITEM	AMOUNT
Registration Fee	\$ _____
Lodging	\$ _____
Ground Transportation	\$ _____
Airfare	\$ _____
Food	\$ _____
Mileage Reimbursement (estimated number of miles: ____)	\$ _____
Fuel Costs	\$ _____
Other	\$ _____
<b>Total</b>	<b>\$ _____</b>

Event Begin Date	Time	Event End Date	Time

Purpose of Travel (if more space is needed for explanation, please attach additional sheets):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*\*Attach agenda/curriculum*

Employee Signature: \_\_\_\_\_

Employee Email: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

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Liaison Approved: \_\_\_\_ Denied: \_\_\_\_ Date approved/denied: \_\_\_\_\_

Commission Approved: \_\_\_\_ Denied: \_\_\_\_ Date approved/denied: \_\_\_\_\_