



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	\$ _____
Total	\$ _____

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: _____

Liaison Approved: ____ Denied: ____ Date approved/denied: _____

Commission Approved: ____ Denied: ____ Date approved/denied: _____