

**MADISON COUNTY COMMISSION
TRAVEL REQUEST FORM**

Request Date: _____ Department: _____

Employee Name: _____ Position/Title: _____

Employee Email: _____ Employee Phone Number: _____

Department Head: _____ Department Head Email: _____

Event Date(s) & Time(s): _____

Purpose of Travel (Attach agenda/curriculum): _____

ESTIMATED COSTS

<u>Item</u>	<u>Amount</u>
Registration Fee	\$ _____
Lodging	\$ _____
Ground Transportation	\$ _____
Airfare	\$ _____
Food	\$ _____
Mileage Reimbursement (estimated number of miles: _____)	\$ _____
Fuel Cost	\$ _____
Other: _____	\$ _____
TOTAL	\$ _____

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Liaison Signature: _____ Date: _____

Commission Approved: _____ Commission Denied: _____ Date: _____