

DATE: \_\_\_\_\_

# TRAVEL REQUEST

**TO:** Athens County Commissioners

**From:** \_\_\_\_\_

It is requested that travel be approved for:

**Name:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Travel:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Purpose:** \_\_\_\_\_

Approximate expenses will be:

Mileage: \_\_\_\_\_ x @ \_\_\_\_\_ cents per mile = Total: \$ \_\_\_\_\_

Meals: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Lodging: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Misc. Expense: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

To be paid from \_\_\_\_\_ Fund (Account number and fund name)

\*\*\*\*\*

**Approved:** \_\_\_\_\_ **Disapproved:** \_\_\_\_\_ **Meeting Date:** \_\_\_\_\_

**Comment:** \_\_\_\_\_

Forward a copy of approved travel to the Auditor's Office with request for payment