

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 @ 72.5 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