

SEBASTIAN COUNTY
Travel Authorization

Office/Department _____ Fund _____

Name of Payee _____ Appropriation No. _____

It is requested that travel authorization be approved for:

Employee Name _____ Title _____

Purpose of Trip _____

Destination(s) _____

Mode of Travel _____

Departure Date _____ Return Date _____

Estimated Cost for _____

Transportation \$ _____

Meals and Lodging \$ _____

Does the Conference registration fee include any meals? ____yes ____no

**Attach Per Diem Lodging, Meals and Incidentals page(s) from Publication 1542 or
www.gsa.gov**

Miscellaneous Items \$ _____

Total \$ _____

Requested by _____ Approved _____
Department Head/Elected Official

Approval Date _____

Is any other Agency providing reimbursement for this meeting and related travel expenses?

If yes, state which agency: _____

A copy of all such documentation shall be attached with any claim for payment submitted to the County.