

# Meade County Travel Request

File request at least 15 days prior to commencement of travel

<b>Date Filed</b>	<b>Department/Office</b>

<b>Name (Last, First, MI)</b>		<b>Cell Phone</b>	<b>Office Phone</b>
<b>Method of Travel</b>	<b>In-State or Out-of-State</b>	<b>Purpose of Travel</b>	<b>Estimated Miles</b>
Personal Vehicle	In-State	Training/Conference	
County Vehicle	Out-of-State	Prisoner Transport	<b>Vehicle License Number</b>
Other (Air, Public Transit)		_____	

## Journey Information

<b>Origin</b>		<b>Destination</b>	
<b>Departure Date (DD/MM/YY)</b>	<b>Departure Time</b>	<b>Return Date (DD/MM/YY)</b>	<b>Return Time</b>

<b>Date (DD/MM/YY)</b>	<b>Location</b>	<b>Meals</b>		
		Breakfast	Lunch	Dinner
		Breakfast	Lunch	Dinner
		Breakfast	Lunch	Dinner
		Breakfast	Lunch	Dinner
		Breakfast	Lunch	Dinner
		Breakfast	Lunch	Dinner
		Breakfast	Lunch	Dinner
		Breakfast	Lunch	Dinner

<b>Comments</b>

### Schedule & Rates:

Breakfast - leave before 7:00 am or return after 7:59 am  
 Lunch - leave before 11:00 am or return after 1:29 pm

ALT Lunch - leave before 8:00 pm or return after 1:59 am  
 Dinner - leave before 5:00pm or return after 7:59am

## Cost Estimates for Travel

<b>Transportation</b>	<b>Meals</b>	<b>Lodging</b>	<b>Misc. (Reg, Fees, etc.)</b>	<b>Total</b>

## Method of Funding

<b>County Funds</b>	<b>Grant Funds</b>	<b>Other Funding</b>

## Signatures & Affirmations

I affirm that I possess a valid Driver's License.

I affirm that, if using my personal vehicle, I possess a valid Traveler Insurance Policy.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Head / Elected Official Approval

\_\_\_\_\_  
 Date

# Meade County Travel Reconciliation

File reconciliation within 7 business days of return from trip

<b>Date Filed</b>	<b>Department/Office</b>

<b>Name (Last, First, MI)</b>		<b>Cell Phone</b>	<b>Office Phone</b>
<b>Method of Travel</b>	<b>In-State or Out-of-State</b>	<b>Purpose of Travel</b>	<b>Total Actual Miles</b>
Personal Vehicle	In-State	Training/Conference	
County Vehicle	Out-of-State	Prisoner Transport	<b>Vehicle License Number</b>
Other (Air, Public Transit)		_____	

There are no modifications to the Initial Travel Request

There are modifications to the Initial Travel Request (As noted below)

## Modifications to Journey

<b>Origin</b>		<b>Destination</b>	
<b>Departure Date (DD/MM/YY)</b>	<b>Departure Time</b>	<b>Return Date (DD/MM/YY)</b>	<b>Return Time</b>
<b>Starting Odometer</b>		<b>Ending Odometer</b>	
<b>Reason for Modification</b>		<b>Date (DD/MM/YY)</b>	<b>Amount (Enter any advance you need to give back as a negative)</b>
<b>Comments</b>			

## Actual Cost\* for Travel

\*Include all Receipts and Invoices associated with the trip

<b>Transportation</b>	<b>Meals</b>	<b>Lodging</b>	<b>Misc. (Reg, Fees, etc.)</b>	<b>Total</b>

## Signatures

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head / Elected Official Approval

\_\_\_\_\_  
Date