

CITY OF RAINBOW CITY, ALABAMA

TRAVEL REQUEST

In-State Circle One **Out-of-State**

Name _____ Please Print Date _____

Department _____ Employee ID _____

Purpose of Trip _____

Destination _____ Date(s) _____

Leave _____ Date Return _____ Date

ESTIMATED COST:

Fees (registration, etc.) _____ Type \$ _____ Amount

Travel Mode (auto, air, etc.) _____ Attach MapQuest Printout \$ _____ Amount

Food \$ _____ Amount Lodging \$ _____ Amount

Other \$ _____ Amount List _____

Employee Signature **TOTAL ESTIMATED COST \$** _____

Expenses are reimbursed based on a Business Expense Statement filed within 15 days after completion of travel

APPROVAL (Copy to employee) Circle One **DISAPPROVAL** (Return to Employee)

Department Head Signature Date _____

Budget Account to be Charged: _____