

North Central District Health Department Out-of-District Travel Request Form

SECTION 1

(Complete ALL items in this section)

Name: _____ Title: _____

Date: _____ CO: _____ Destination: _____

Description of Meeting/Training: _____

Date of Departure: _____ Date of Return: _____ Total Days Requested: _____

Itemized Cost: Meals: \$ _____ Mileage: \$ _____ Lodging: \$ _____

Regist: \$ _____ CEU's: \$ _____ Other: \$ _____ > Explain: _____

TOTAL: \$ _____

Employees Signature

NOTE: Attach documents to justify expenditure. Attach to your Travel Voucher at the end of the month.

SECTION 2

(The undersigned verify coverage has been arranged and gives approval for this expenditure of funds per current policies.)

Signatures: _____ Approved: _____ Denied: _____

Supervisor _____ Date _____ Date _____

District Director _____ Date _____ Date _____

Comments: