ALLEGANY COUNTY

REQUEST FOR TRAVEL APPROVAL (ALL OVERNIGHT STAYS)

TO: Director of Finance/County Administrator DATE: _____
FROM: _____ DEPT: _____
NAME

I HEREBY REQUEST APPROVAL FOR TRAVEL ON COUNTY BUSINESS AS FOLLOWS:

DESTINATION: _____
DATE(S): _____
METHOD OF TRAVEL: _____
REASON FOR TRAVEL: _____
ESTIMATED COST: _____

WILL TRAVEL CAUSE OVERALL BUDGET TO BE OVERSPENT AT YR END? ☐ YES ☐ NO

BUDGETED A/C NO: _____

REQUEST TO USE VISA CARD FOR HOTEL CHARGES ONLY: ☐ YES ☐ NO

OTHERS ACCOMPANYING ME: _____

COMMENTS: _____

APPROVAL:

_____
DEPARTMENT HEAD DATE

_____
FINANCE DIRECTOR DATE

_____
COUNTY ADMINISTRATOR DATE

FOR MORE INFORMATION, SEE ARTICLE 14.2 OF RULES AND REGULATIONS