

### Travel Authorization and Advance Request Form

#### Section 1: Travel Authorization

Employee Name \_\_\_\_\_ Division \_\_\_\_\_ Date \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

Date of Travel \_\_\_\_\_ Mode of Transportation \_\_\_\_\_

Estimated Cost to the Urban County Government \_\_\_\_\_

Person who will assume my duties \_\_\_\_\_

(This person should be informed of your travel itinerary and where you can be reached.)

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

Signature of Division Head \_\_\_\_\_

Signature of Commissioner \_\_\_\_\_

Signature of Mayor or CAO (if required) \_\_\_\_\_

#### Section 2: Travel Advance Request (Must be accompanied by a 211-5)

##### Estimated Expenses

Air Fare \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Use of Personal Auto \_\_\_\_\_ \$ \_\_\_\_\_

Meals - (Maximum of \$44.00 per day) \$ \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Travel Advance** \$ \_\_\_\_\_

Accounting \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature - Division of Accounting

I, \_\_\_\_\_, agree to have the Division of Accounting to  
(Signature)  
withhold 100% of my travel advance from my pay check if I do not reconcile  
this advance with actual expenditures within 15 days from the date of return  
or withhold additional amount due to of LFUCG within 15 days of notice  
from the Division of Accounting.

\_\_\_\_\_  
Date