

MADISON COUNTY LIBRARY SYSTEM

REQUEST FOR TRAVEL FORM

CHECK ALL APPLICABLE TRAVEL ITEMS REQUESTED

LOCATION OF CONFERENCE / MEETING _____

EMPLOYEE
NAME: _____ TITLE _____ DL# _____

BRANCH _____

DATE (S) OF TRIP:

TITLE OF MEETING: _____

PURPOSE / BENEFITS OF TRIP /
MEETINGS: _____

TOTAL ESTIMATED COST: _____

EMPLOYEE
SIGNATURE: _____ DATE: _____

SUPERVISOR'S
SIGNATURE: _____ DATE: _____

DIRECTOR'S
SIGNATURE: _____ DATE: _____

INSTRUCTIONS FOR REQUEST FOR TRAVEL FORM

1. Travel authorization forms must be submitted for all conferences, workshops, meetings, etc, not sponsored by the MCLS.
2. A separate form must be completed for each traveler.
3. Be specific as to the purpose/benefits of the trip or meeting.
4. Be as accurate as possible in estimating costs, including air, lodging, meals, gratuities, taxis, rental cars, or any other applicable travel requirements.
5. An approved copy of this form with supporting documentation (e.g. receipts, air itinerary form) must be submitted with the travel expense report in order to receive reimbursement.

WORKSHEET

	<u>ESTIMATED COST</u>
AIR/ TRAVEL	\$ _____
MEALS (_____ DAYS @ \$ _____ / DAY)	\$ _____
LODGING (_____ DAYS @ \$ _____)	\$ _____
REGISTRATION FEE	\$ _____
RENTAL CAR (_____ DAYS @ \$ _____ / DAY	\$ _____
OTHER _____	\$ _____