

DINWIDDIE COUNTY

TRAVEL/TRAINING AUTHORIZATION REQUEST & REIMBURSEMENT

Employee Name		Department Name & Code	
Depart Date		Return Date	
Depart From		Travel To	
Purpose Of Travel			
Justification			

PRIOR TO TRAVEL - TRAVEL/TRAINING REQUEST COST *ESTIMATE*:

PYMT METHOD-CHECK ONE						
Employee To Be Reimbursed	County Check Needed	Paid By Dept Pcard	Item	Cost Per Day	# Of Days	Total Cost
			Registration			
			Lodging			
			Breakfast/Lunch/Dinner			
			Other			
			Mileage	.545 Mile	# Of Miles:	
			Total Cost			

Division Chief/Department Manager _____ Date _____ County Administrator (If Needed) _____ Date _____

AFTER TRAVEL - TRAVEL/TRAINING COSTS

Item	Actual Total Cost	Total Reimbursement Requested	Meal Cost In Excess Of Per Diems
Registration (5540)			
Lodging (5530)			
Meals (5530)			
Other (5530)			
Mileage (5510) .545 Mile			
Total Cost			

Employee _____ Date _____ Division Chief/Department Manager _____ Date _____

Include receipts for all expenses
REFER TO DINWIDDIE COUNTY TRAVEL/TRAINING POLICIES & PROCEDURES FOR FURTHER INSTRUCTIONS