

# DINWIDDIE COUNTY

## TRAVEL/TRAINING AUTHORIZATION REQUEST & REIMBURSEMENT

<b>Employee Name</b>		<b>Department Name &amp; Code</b>	
<b>Depart Date</b>		<b>Return Date</b>	
<b>Depart From</b>		<b>Travel To</b>	
<b>Purpose Of Travel</b>			
<b>Justification</b>			

**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	.58 Mile	# Of Miles:	
			<b>Total Cost</b>			

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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
<b>Registration (5540)</b>			
<b>Lodging (5530)</b>			
<b>Meals (5530)</b>			
<b>Other (5530)</b>			
<b>Mileage (5510) .58 Mile</b>			
<b>Total Cost</b>			

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Employee \_\_\_\_\_ Date \_\_\_\_\_ Division Chief/Department Manager \_\_\_\_\_ Date \_\_\_\_\_

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