



# Abbeville County

## Travel Advance

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Attending: \_\_\_\_\_

Dates: \_\_\_\_\_ (Date of Conference, Workshop or Seminar)

Department: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

General Ledger Code \_\_\_\_\_

Meals:	# of Days	Per Diem	Total for Trip

(Overnight Travel Only - Day Trip Meals are Reimbursed through Payroll)

Mileage:	# of Miles	\$0.535 Per Mile	Total for Trip

(Employees using their personal vehicle)

Date Requested: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Department Head: \_\_\_\_\_

Approved By: \_\_\_\_\_

County Director