



ABBEVILLE COUNTY TRAINING & TRAVEL REQUEST

EMPLOYEE NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

TRAVEL DESTINATION: _____

DATES OF TRAVEL: _____ to _____

ESTIMATED COST OF MILEAGE (ATTACH MAP QUEST MILEAGE): \$ _____

ESTIMATED COST OF ACCOMMODATIONS: \$ _____

ESTIMATED COST OF MEALS: \$ _____

(\$8.00 Breakfast, \$15.00 Lunch & \$22.00 Dinner)

COST OF REGISTRATION: \$ _____

COST OF CLASSES: \$ _____

Explain in detail the purpose of this trip and the need for your attendance:

A county vehicle should be utilized if one is available; unless a non-employee will be accompanying you; then your private vehicle must be used and mileage will be issued.

Return to the Accounts Payable Office with all information/documents attached at least one month before travel is needed for review.

Dept. Head: _____ Date: _____

County Director: _____ Date: _____