

BEAUFORT COUNTY TRAVEL AUTHORIZATION REQUEST FORM

DEPARTMENT _____ BUDGET ACCOUNT# _____

EMPLOYEE(S) _____

VENDOR# _____
VENDOR# _____
VENDOR# _____

TRAVEL TO _____

(CITY) (STATE)

MEETING INFORMATION: *****ATTACH COPY OF MEETING REGISTRATION OR AGENDA*****

MEETING NAME _____

MEETING SPONSORED BY _____

LOCATION _____

(FACILITY)

MEETING BEGINS _____

(TIME) (DATE)

MEETING ENDS _____

(TIME) (DATE)

REGISTRATION COST _____ DUE DATE _____

REGISTRATION PAYABLE TO _____

VENDOR#

ESTIMATED EXPENSES

DAY	S	M	T	W	T	F	S	TOTAL
LODGING								
MEALS								
TRANSPORTATION								
OTHER								
TOTALS								

ALL REIMBURSEMENT REQUESTS WHICH INVOLVE OVERNIGHT STAY, REGISTRATION FEE, OR IN-COUNTY EXPENSES REQUIRE PRIOR APPROVAL OF THE BEAUFORT COUNTY MANAGER.

ORIGINAL RECEIPTS ARE REQUIRED FOR ALL EXPENSES PAID OR REIMBURSED BY BEAUFORT COUNTY

(SIGNATURE OF TRAVELER (S) - DATE)

(DEPARTMENT HEAD APPROVAL - DATE)

(COUNTY MANAGER'S APPROVAL - DATE)