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**COUNTY OF MENARD**

**TRAVEL REQUEST**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Date

BUDGET CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURPOSE OF TRIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE(S) OF TRIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF DAYS \_\_\_\_\_\_\_\_\_\_\_\_**

**DESTINATION CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MILEAGE \_\_\_\_\_\_\_\_\_\_\_\_ X RATE ($.655) = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(https://www.gsa.gov/travel/plan-book/per-diem-rates)**

**MEAL(S) CLAIM (PER DIEM $59.00): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOTEL CLAIM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL TRAVEL CLAIM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE NOTE: ALL REIMBURSEMENT CLAIMS REQUIRE RECEIPTS.**

It is the policy of Menard County that employees will be reimburse for necessary and reasonable expenses incurred I the authorized conduct of county business subject to the Menard County Travel Leave/Reimbursement Policy in the Menard County Employee Handbook.

**PLEASE NOTE: THESE ARE ONLY YOUR OUT-OF-POCKET EXPENSES FOR WHICH YOU ARE SEEKING REIMBURSEMENT.**

I hereby certify that this statement is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date