

# TRAVEL REQUEST

TO  
BOARD OF HEALTH  
Ohio Revised Code 3709.17

New  
Addition (Resolution # \_\_\_\_\_ - \_\_\_\_\_  
Required for Continuing Education Credit

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

NAME OF PERSON(S) ATTENDING: \_\_\_\_\_

COUNTY DEPARTMENT: \_\_\_\_\_

CITY LOCATION: \_\_\_\_\_

DATE(S): \_\_\_\_\_

NAME OF CONF, SEMINAR, MTG: \_\_\_\_\_

PURCHASE OR REQUISITION #	BREAKDOWN OF EXPENSES AND TOTAL AMOUNT REQUESTED	DOLLAR AMOUNT	
		NON-TAXABLE	TAXABLE
	Registration		
	TRAVEL EXPENSES:		
	Mileage (# of Miles: _____) x .56		
	MEALS:		
	Breakfast (\$ 9.00 limit per day)		
	Lunch (\$15.00 limit per day)		
	Dinner (\$25.00 limit per day)		
	<i>Gratuity &amp; Alcoholic Beverages will not be reimbursed</i>		
	Lodging/Hotel		
	Parking		
	Other (Specify) _____		
	<b>TOTAL REQUESTED:</b>		

This county travel does not include an overnight stay.

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

REQUEST APPROVED BY: \_\_\_\_\_  
Supervisor Signature