

TRAVEL REQUEST
 TO
 BOARD OF COUNTY COMMISSIONERS
 Ohio Revised Code 325.20

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 .55 MEALS: <i>(If a meal reimbursement is requested that does not involve and overnight stay, that amount becomes taxable to the employee)</i> Breakfast (\$10.00 limit per day) Lunch (\$15.00 limit per day) Dinner (\$25.00 limit per day) <i>Gratuity & Alcoholic Beverages will not be reimbursed</i> Lodging/Hotel Parking Other (Specify) _____		
	TOTAL REQUESTED:		

This county travel does not include an overnight stay.

 Employee Signature

REQUEST APPROVED BY: _____
 Supervisor Signature