



Granville County
OVERNIGHT TRAVEL APPROVAL FORM

Complete this form and attach documentation of conference/class purpose and cost estimate for overnight travel only. Submit to County Administration at least 30 days prior to travel date(s). Failure to provide proper documentation and/or advance notice of travel needs may result in the travel request being denied.

Staff Name _____

Department/Unit _____

Name of Conference/Class* _____

Location of Conference/Class _____

Mode of Travel (auto, air, etc.) _____

Date(s) of Travel From _____ To _____

Estimated Number of Miles _____ @ .67 per mile = \$ _____

Alternate Mode of Travel Costs (airfare, etc.) \$ _____

Conference Registration Cost \$ _____

Estimated Cost of Meals \$ _____

Estimated Cost of Lodging _____ (# nights) x \$ _____ (rate/night) = \$ _____

*Attach information regarding the conference/class and cost estimates to this form.

If the conference/class is not mandatory to your job classification, please explain the necessity of attending this event. _____

APPROVAL SECTION

Supervisor Printed Name/Signature

Date

Department Head Printed Name/Signature

Date

County Manager/Deputy County Manager Signature

Date