

Travel/Education Request Form

Name(s): Scott Ganschow

Department: Ambulance

Position: ACMT

Travel/Education

Date(s)	Destination
<u>11/18/21</u>	<u>Sioux Falls</u>

Reason for Travel: CPR Class / AHA

Passengers:

Estimated Expenses:

- Method of Travel: County Vehicle Private Auto
_____ Miles @ \$ _____ /per mile = \$ _____
- Meals:
 - _____ Breakfast @ \$ _____ = \$ _____
 - _____ Lunch @ \$ _____ = \$ _____
 - _____ Dinner @ \$ _____ = \$ _____
- Additional Expenses (taxi, parking, etc):
Please list _____ = \$ _____
- Lodging: _____ Estimated number of days/nights = \$ _____
- Registration _____ Estimated cost = \$ 355.00

***Employees will not be reimbursed for meals that are included in the registration fee.

Total Cost Estimate = \$ 355.00


Department Head Signature

7/13/21
Date

Moody County