

Travel/Education Request Form

Name(s): Moody County SC

Department: Reg Wellman

Travel/Education

Date(s)	Destination
1-25-23	SO SA
-	Sheriff Institute
1-27	

Reason for Travel: _____

Passengers: _____

Estimated Expenses:

• Method of Travel: _____ County Vehicle _____ Private Auto _____ Airfare
 _____ Miles @ \$ _____ /per mile = \$ _____

• Meals: _____ Breakfast @ \$10 = \$ 30
 _____ Lunch @ \$14 = \$ 42
 _____ Dinner @ \$ 21 = \$ 63

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

• Additional Expenses (taxi, parking, etc):
 Please list _____ = \$ _____

• Lodging: 2 Estimated number of days/nights = \$ 200

• Registration _____ Estimated cost = \$ _____

Total Cost Estimate = \$ _____

Department Head Signature

SO SA

1-17-23

Date

Travel/Education Request Form

Name(s): Tom Klein and Brent Cochins

Department: Moody County S.O.

Travel/Education

Date(s)	Destination
2-27-	Hotel covered for class
	only 2 pay hotel
3-10	for weekend. miles
	reimbursement

Reason for Travel: DRE class
Class in 2 weeks paying for them
to stay is cheaper than drive time and
rate to get home.

Passengers: _____

Estimated Expenses:

- Method of Travel: _____ County Vehicle Private Auto _____ Airfare

760 Miles @ \$ 35 /per mile = \$ 266

- Meals:

<u>2</u> x <u>2</u> Breakfast @ \$10	= \$ 30	<u>60</u>
<u>2</u> Lunch @ \$14	= \$ 42	<u>56</u>
<u>2</u> Dinner @ \$ 21	= \$ 63	<u>63</u>
		<u>180</u>

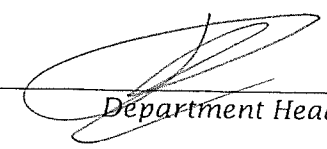
***Employees will not be reimbursed for meals that are included in the registration fee. 63

- Additional Expenses (taxi, parking, etc):
Please list _____ = \$ _____

- Lodging: 2 Estimated number of days/nights = \$ 200

- Registration 0 Estimated cost = \$ _____

Total Cost Estimate = \$ _____


 Department Head Signature

1-12-22
 Date

Registration Form

Name: Troy Wellman

Agency: McCoy County SO

Email: twellman52@aol.com

Cell: 605 864 0023 Office Phone: 605 997 2423

Please indicate in the boxes below if you are attending the full session or partial sessions. There is no cost to attend but registration is requested for planning classroom materials and seating.

Training	Attending	Comments: If attending partial week please indicate which session(s)
Full Week		
Partial Session(s)	wed Attendance	Thursday - Friday
Dinner Thursday Evening	Yes x 1	

If sending additional staff please send a single registration for each person.

If you have any questions, please feel free to contact me at:

Phone: (605) 940-6554

Email: staci@southdakotasheriffs.org