

Travel/Education Request Form

Name(s): Tawny Heinemann & Ashley Headrick

Department: Auditor

Travel/Education

Date(s)	Destination
Feb 28 th	Pierre, SD

Reason for Travel:

Election Training

Passengers: _____

Estimated Expenses:

• Method of Travel: County Vehicle Private Auto Airfare

_____ Miles @ \$ _____/per mile = \$ _____

• Meals: 2 Breakfast @ 6 =

4 Lunch @ 11 =

2 Dinner @ 15 = 86 total

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

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

• Lodging: 1 Estimated number of days/nights = \$ 114

• Registration _____ Estimated cost = \$ _____

Total Cost Estimate = \$ 200

Tawny Heinemann
Department Head Signature

01/17/2024
Date

Travel/Education Request Form

Name(s): Tim Ullom & Jemy Doyle

Department: Weed

Travel/Education

Date(s)	Destination
02/20/24 - 02/23/24	Spearfish, SD

Reason for Travel:

2024 Weed & Pest Conference

Passengers: _____

Estimated Expenses:

- Method of Travel: County Vehicle Private Auto Airfare
_____ Miles @ \$_____/per mile = \$ _____
- Meals: _____ Breakfast @ 6 = _____
_____ Lunch @ 11 = _____
_____ Dinner @ 15 = _____

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

- Additional Expenses (taxi, parking, etc):
Please list _____ = \$ _____
- Lodging: 3 Estimated number of days/nights = \$ 600
- Registration: 2 Estimated cost = \$ 315.00

Total Cost Estimate = \$ 915.00



Department Head Signature

Date

Travel/Education Request Form

Name(s): Thomas Klein

Department: Moody County Sheriff Office

Travel/Education

Date(s)	Destination
3-10-11	Sioux City IA
24	

Reason for Travel:

training

Passengers: _____

Estimated Expenses:

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

• Meals: Breakfast @ 6 = 6
 Lunch @ 11 = 4
 Dinner @ 15 = 15

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

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

• Lodging: Estimated number of days/nights = \$ 150

• Registration Estimated cost = \$ 299.⁰⁰

Total Cost Estimate = \$ 550

[Signature] 52.1A

Department Head Signature

Date

Travel/Education Request Form

Name(s): TRAY wellman

Department: moody Sheriff

Travel/Education

Date(s)	Destination
06-20	OKC
1	
06-28	

Reason for Travel:

NSA Summer conference

Passengers:

Estimated Expenses:

- Method of Travel: County Vehicle Private Auto Airfare
 ___ Miles @ \$ ___ /per mile = \$ ___
- Meals: Breakfast @ 6 =
 Lunch @ 11 =
 Dinner @ 15 =

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

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

• Lodging: 7 Estimated number of days/nights = \$ 1400

• Registration 1 Estimated cost = \$ 530^{ec}

Total Cost Estimate = \$ 1930^{ec}

[Signature] S2 1A
Department Head Signature

06-23-24
Date