## Travel/Education Request Form

Nam	ne(s): Gab(i	of County Shoriffs offic
Dep	artment: MOU	Dy County Shoriffs offic
	vel/Education	
	Date(s)	Destination
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	6-6	
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Reas	son for Travel:	
	<u> 5 R U</u>	Confere-4
Passengers:		
Estimated Expenses:		
•	Method of Travel:	County Vehicle Private Auto Airfare
		Miles @ \$/per mile = \$
0	Meals:	Breakfast @ 6 = 37 Lunch @ 11 = 37 Dinner @ 15 =
	***Employees wil	$\frac{1}{2}$ Dinner @ 15 = $\frac{1}{2}$ l not be reimbursed for meals that are included in the registration fee.
•	Additional Expenses	(taxi, parking etc)
6	Lodging:	Estimated number of days/nights = \$
•	Registration	Estimated cost = $\$$ $0.5$ $0.5$ $0.5$
		Estimated number of days/nights = \$  Estimated cost = \$   SS   C    Total Cost Estimate = \$   C    Total C
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	Department Head Sig	jnature Date