



Overnight Out of County Pre-Approval Travel Request

(This Form **MUST** be completed and approved prior to obligating County funds.)

Traveler's Name: _____

Traveler's Department/Code: Department: _____ Dept. Code: _____

Date(s) of Travel: From _____ To _____

Is this request budgeted? Yes No
 If not, can your budget support? Yes NO

ESTIMATED HOTEL (A)		540005
Name of Hotel	_____	
Address	_____	
City, State, Zip	_____	
Phone Number	_____	
# nights	* cost/night =	\$0.00
		sub-total
Payment Method:	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
(Mark one)		

REGISTRATION (B)		555001
Seminar/Conference Name _____		
Company/Sponsor Name (who check needs to be made payable to) _____		
Address _____		
City, State, Zip _____		
Amount:	<input type="checkbox"/> sub-total <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	

ESTIMATED TRANSPORTATION (C)		540002
POV:	0.575 rate/mile =	\$0.00
# miles	*	
Rental:		\$0.00
# days	* rate/day =	
Shuttle:		\$0.00
# trips	* cost/trip =	
Plane:	cost/ticket	
County Car:	gas receipts	
Taxi:	cost	
		\$0.00
		sub-total
Payment Method:	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
(Mark one)		

ESTIMATED MEALS (D)		540002
Breakfast:	\$7.00 cost/meal =	\$0.00
number		
When travel begins before <u>6 a.m.</u> & extends beyond <u>8 a.m.</u>		
Lunch:	\$12.00 cost/meal =	\$0.00
number		
When travel begins before <u>Noon</u> & extends beyond <u>2 p.m.</u>		
Dinner:	\$22.00 cost/meal =	\$0.00
number		
When travel begins before <u>6 p.m.</u> & extends beyond <u>8 p.m.</u>		
		\$0.00
		sub-total

OTHER EXPENSES (E)		540002
Item	_____	
Item	_____	
Item	_____	
		\$0.00
		sub-total

Travel is for official County business. State the public purpose for travel: _____

Estimated Total Expenses: (A+B+C+D+E)	_____
Total Reimbursable: (C (mileage)+D+E)	_____
80% Authorized Advance:	0.80
Amount of Travel Advance: (If Requested)	_____

Signature _____	Supervisor	Date _____
Signature _____	Department Director	Date _____
Signature _____	Deputy Administrator	Date _____
Signature _____	County Administrator	Date _____

Traveler's Signature: _____ Date: _____

2020 OKALOOSA COUNTY
VOUCHER FOR TRAVELING EXPENSES

NAME: _____

DEPARTMENT: _____

CHECK ONE: Employee: _____

Non-Employee: _____

HEADQUARTERS: _____

Date	TRAVEL PERFORMED FROM POINT OF ORIGIN TO DESTINATION	PURPOSE OR REASON (NAME OF CONFERENCE)	Hour of Departure & Return	Authorized Meals for Travel	Per Diem or Actual Lodging	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses/ County Credit Card Charges	
								Amount	Item Description

ADDITIONAL JUSTIFICATION/NOTES:

Column Total	Column Total	0	0.0	Column Total	Summary Total
\$ -	\$ -	\$0.575 PER MILE		\$ -	\$ -

ADVANCE:	LESS ADVANCE RECEIVED
Warrant Number:	LESS NON-REIMBURSEABLE ITEMS INCLUDED ON PCARD
Warrant Date:	NET AMOUNT DUE TRAVELER
	NET AMOUNT DUE THE COUNTY

I hereby certify or affirm that the above expenses were actually incurred by me as necessary travel expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of the County; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and this claim is true & correct in every material matter and same conforms in every respect with the requirements of County policy.

TRAVELER'S SIGNATURE: _____

DATE SIGNED: _____ TITLE: _____

Pursuant to Okaloosa County policy, I hereby certify or affirm that to the best of my knowledge that the travel was on official business of Okaloosa County and was performed for the purpose(s) stated above.

SUPERVISOR'S SIGNATURE: _____ DATE APPROVED: _____

DEPARTMENT DIR SIGNATURE: _____ DATE APPROVED: _____

DEPUTY ADMINISTRATOR: _____ DATE APPROVED: _____

FINAL APPROVAL AUTHORITY:: _____ DATE APPROVED: _____

PREPARER'S NAME: _____ DATE PREPARED: _____ PREPARER'S CONTACT NUMBER: _____