

Regional Transportation Planning Agency

SAMPLE OVERNIGHT TRAVEL PERMISSION REQUEST

NAME: _____

DATE OF REQUEST: _____

DATES OF TRAVEL: _____

DESTINATION: _____

PURPOSE OF TRAVEL: _____

Work Element No.

Estimate of Costs:

Travel: (specify mode) Car (personal, staff not available), Plane et al

Lodging: _____ nights x rate of _____

Meals _____ day(s) _____ per day maximum (\$50.00)

Other Expenses:

Amount	Reservation Made by:
\$ -	
\$ -	
\$ -	
\$ -	
\$ -	
\$ -	
\$ -	
\$ -	

Total estimated expenses \$ -

Advance requested, if any \$ -

Employee Signature _____

Supervisor Approval _____

Finance Review _____

Executive Director Approval _____

Last Update: 1/1/2015