

Print completed form and attach to training form

PLATTE CANYON

Travel Approval Cost Estimate Form

Employee Name: _____ Date: _____

Reason for Travel: Conference Seminar Training Workshop

Name and dates of Activity: _____

Destination: _____

METHOD OF TRAVEL

Air Travel

Airline: _____

Ticket Cost: \$ _____

Ground Travel

Mode: Auto Other:

Miles: _____ Cost: \$ 0.00

Departure Date: _____

Return Date: _____

HOTEL

Hotel Desired: _____

of Nights: _____ Cost/Night: \$ _____

Check-In Date: _____ Check-Out Date: _____

Estimated Costs:

Transportation:	\$ _____	(Miles _____ @ \$.56/mile)
Hotel:	\$ _____	(Night(s) _____ @ \$ _____ /night)
Event Registration:	\$ _____	
Per Diem (first and last):	\$ _____	(Day(s) _____ @ \$ _____ /day)
Per Diem (full day):	\$ _____	(Day(s) _____ @ \$ _____ /day)
Car Rental:	\$ _____	(Day(s) _____ @ \$ _____ /day)
Taxi/Shuttle:	\$ _____	
Miscellaneous:	\$ _____	

TOTAL: \$ _____

Checks Payable To	Payment For	Amount	Date Needed

Accounting Office Only:

Payee: _____ Ck#/Date: _____

Purchasing Approval: _____

Manager Approval: _____

NOTE: All costs must be documented with invoices and/or receipts accompanied with an expense form within 10 days after return to work. A final cost adjustment will be made upon review of previous payment and verification of invoices and/or receipts