

Platte Canyon Water & Sanitation District

Travel Approval Cost Estimate Form

Complete applicable yellow areas, print, sign, attach to Training Authorization Form, and submit for review

| | | | |
|---|---|---|---------------------------------------|
| Employee Name: _____ | | Date: _____ | |
| Reason for Travel: | <input type="checkbox"/> Conference | <input type="checkbox"/> Seminar/Workshop | |
| | <input type="checkbox"/> Training Event | <input type="checkbox"/> Other: | _____ |
| Method of Travel to Event (select one) | | | |
| Air Travel: | Airline: | _____ | |
| | Estimated Ticket Price: | _____ | |
| Ground Travel: | Mode: | <input type="checkbox"/> Automobile | <input type="checkbox"/> Other: _____ |
| | Mileage to/from event: | _____ | IRS rate per mile: \$ 0.545 |
| | Total cost: | _____ | |
| Hotel Selection | | | |
| Hotel Desired: | _____ | | # of nights: _____ |
| Cost per night: | _____ | Check-in date: _____ | Check-out date: _____ |

| | | | | | |
|------------------|----------------------------|--------|-----------|-------|------------------|
| Estimated Costs: | Flight to event: | _____ | | | |
| | Hotel: | _____ | (Nights | _____ | @ _____ /night) |
| | Registration: | _____ | | | |
| | Per diem (first and last): | _____ | (# Days | _____ | @ _____ /day) |
| | Per diem (full day): | _____ | (# Days | _____ | @ _____ /day) |
| | Car rental: | _____ | | | |
| | Taxi/shuttle: | _____ | | | |
| | Mileage to/from airport: | _____ | (# miles | _____ | @ \$0.545 /mile) |
| | Miscellaneous: | _____ | For what: | _____ | |
| | TOTAL: | \$0.00 | | | |

Signature - Training Coordinator

Signature - Staff Completing Form

| Checks payable to: | Payment for: | Amount: | Date Needed: |
|--------------------|--------------|---------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Accounting Office Only:

Payee: _____ Check # & date: _____
