

INDIANA COUNTY FIRE ACADEMY TRAVEL REQUEST FORM

TODAY'S DATE: _____ DATE(S) OF INCURRED EXPENSES: _____

POINTS OF TRAVEL, FROM: _____ To: _____

PURPOSE OF TRIP: _____

ITEMIZED EXPENSES:

	BEFORE TRIP ESTIMATED EXPENSES	AFTER TRIP ACTUAL EXPENSES	
LODGING	\$ _____	\$ _____	LODGING TOTAL # OF NIGHTS: _____ LODGING COST PER NIGHT: \$ _____
MEALS	\$ _____	\$ _____	
MISC.	\$ _____	\$ _____	
MILEAGE	\$ _____	\$ _____	_____ MILEAGE @ \$0.505 PER MILE
TOTAL	\$ _____ (ADVANCE)	\$ _____ (REIMBURSE)	

➤ IF THIS IS A BEFORE TRIP ADVANCE TO WHOM SHOULD THE CHECK(S) BE WRITTEN?

A. _____ \$ _____

B. _____ \$ _____

➤ IF THIS IS AN AFTER TRIP ADJUSTMENT OR REIMBURSEMENT TO WHO IS THE BALANCE OWED?

FIRE ACADEMY \$ _____ STAFF MEMBER: \$ _____

NOTE: ADVANCE REQUESTS MUST BE SUBMITTED TO THE DIRECTOR NO LESS THAN TWO (2) WEEKS PRIOR TO TRAVEL DATE. RECEIPTS WITH ACTUAL COSTS EXPENDED, EITHER FROM AN ADVANCE PAYMENT OR ACTUAL COST REIMBURSEMENT MUST BE SUBMITTED TO THE DIRECTOR WITHIN FIVE (5) DAYS AFTER THE TRIP.

STAFF MEMBER SIGN

DIRECTOR SIGN

CHECK ISSUED: # _____