INDIANA COUNTY PUBLIC SAFETY 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 PAID AT ANNUAL FEDERAL RATE)
MILEAGE	$_____	$_____	_____MILEAGE @ _____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: #_____