



# AUDITOR'S OFFICE TRAVEL PRE-APPROVAL FORM

Employee: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Trip Information:**

Destination/Location: \_\_\_\_\_

Travel Dates: \_\_\_\_\_ to \_\_\_\_\_

Days/Hours of conference/training: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Travel Time: (Please check applicable options)

Travel To/From location is within work hours

Travel To/From location is outside of work hours

Hours eligible for compensory time \* - \_\_\_\_\_

**Reason for the trip:**

\_\_\_\_\_  
 \_\_\_\_\_

Summary of ESTIMATED Expenses	
Flight:	
Mileage:	
Lodging:	
Meals:	
Other:	
<b>Total:</b>	

<u>BUDGETARY USE ONLY</u>	
Funding :	Circle at least One
	Weights & Measures
	Budgetary
	IT
	Real Estate

Per the Auditor's Travel Policy, use of the County vehicle is urged if available.

\*Please see the compensory policy for eligibility requirements.

I attest that the above is an accurate estimate and I have read and understand the Auditor's office Travel Policy.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

**Pre - Approval**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_