



Travel Authorization & Summary Form

[Start Here](#)

Calendar Year: _____

Place Attachments Here---->
Use Comments to Attach
Instructions are [HERE](#)

Name: _____ Employee Supplier Number: _____
Department: _____ Position / Title (optional): _____
Destination City: _____ State: _____

COUNTY Travel Dates From: _____ To: _____	PERSONAL Travel Dates (if any): _____ to: _____
Event Name: _____	
Purpose (optional): _____	Qualified Training To Maintain Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No

(Travel outside of Oregon and Washington or with car rental must be approved by the County Administration Office in addition to Dept. approval.)

ESTIMATED EXPENSES:
Refer to the *Washington County Travel Policy* for allowable expenses

Registration _____ **Registration Fees:** _____

Airfare _____ **Airfare:** _____

Travel Agent Fees (Check Appropriate Box) Online Booking Phone Booking **Travel Agent fees:** _____

Lodging _____ # of Nights @ _____ **Cost Per Night (include Tax)** _____ **Total Lodging:** _____

Private Mileage _____ Miles @ _____ Per Mile **Total Private Mileage:** _____

See Links below on entering Per Diem rates for Meals & Incidentals

Meals & Incidentals	<i>Rates may change.</i>		Enter Per Diem Rates In This Column		
Breakfast	_____ # of Breakfasts	@	_____	Per day	Total Breakfast: _____
Lunch	_____ # of Lunches	@	_____	Per day	Total Lunch: _____
Dinner	_____ # of Dinners	@	_____	Per day	Total Dinner: _____
Incidentals	_____ # of Days of Incidentals	@	_____	Per Nights Stay	Total Incidentals: _____
Other Expenses:	_____				

Links: Federal GSA Per Diem Page Federal GSA Meals & Inc Exp Breakdown Page	Total Estimated Cost of Trip:	_____
	ACTUAL Cost of Trip (from next pages, after trip):	_____
	Difference (Actual - Estimated):	\$ _____
	% Difference (Difference / Estimate):	_____

Employee Signature: ----> _____ Date: _____

Select Approval Source: _____	Date: _____
Select Approval Source: _____	Date: _____
Select Approval Source: _____	Date: _____
Select Approval Source: _____	Date: _____
Arrangements made by: _____	Date: _____

TRAINING / TRAVEL COST SUMMARY - DETAILS

P-Card/AP Check		Registrations & Airfare			Other Items <i>(Must Select Item to Enable Amount Fields)</i>						
Date	Lodging	Registrations	Airfare	Travel Agent Fees							
Totals											

P-Card/AP Total:	
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Personal Mileage	Rate:
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Date	Miles Driven	Normal Commute	Net Miles

Total Miles:

Total Personal Miles Reimbursement:

Personal Card/Cash		Meals & Incidentals <i>(Per Diem Only)</i>				Registrations & Airfare			Other Items <i>(Must Select Item to Enable Amount Fields)</i>				
Date	Lodging	Breakfast	Lunch	Dinner	Incidentals	Registration	Airfare	Booking Fees					
Totals													

Personal Total: <small>(to be reimbursed, including mileage)</small>	
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If the difference in Actual vs Estimated costs is great than +10% or +\$500 (whichever is smaller) please sign below:

Manager Authorization Signature:

Program Authorization Signature:

