

Vendor #

Form T-101

McDowell County

Travel Authorization and Cash Advance Request

(To be completed and submitted at least 5 days prior to travel)

Date of this Request _____ Line Item _____

Employee Name _____ Department _____

Destination _____ Travel Dates:

From ___/___/___ To ___/___/___

Total Estimated Expense _____ Funds In Advance _____

\$ _____ Registration \$ _____ Transportation _____ Yes _____ No

\$ _____ Lodging \$ _____ Other _____ Amount \$ _____

\$ _____ Meals \$ _____ Total _____

Purpose of Travel

Mode of Transportation (Check One)

_____ County-owned vehicle _____ Air

_____ Private vehicle _____ Other _____

\$ _____ Estimated Cost _____

Overnight Accommodations Required

_____ Yes _____ No Government Discount _____ Yes _____ No

Hotel/Motel _____ Rate Per night/person \$ _____

Approved: _____
Department Head Date

Appropriation Available:

Approved: _____
County Manager Date

_____ Finance Officer Date