

Travel/Education Request Form

Name(s) Commissioners, Department Heads and/or their designees

Department All Position _____

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
January 18, 2017			Pierre, SD

Reason for Travel:

Brookings Day at the Legislature

Passengers: _____

Estimated Expenses:

•Method of Travel: County Vehicle Private Auto Air
 382 Miles \$ 0.42 /mile = \$ 160.44

•Meals: _____ Breakfast @ \$ _____ = \$ 0.00
 _____ Lunch @ \$ _____ = \$ 0.00
 _____ Dinner @ \$ _____ = \$ 0.00

Employees will not be reimbursed for meals that are included in the registration fee.

•Additional Expenses (taxi, parking, etc.):
 Please list _____ = \$ _____

•Lodging: _____ Estimated number of days/nights = \$ _____

•Registration: _____ Estimated Cost = \$ _____

Total Cost Estimate = \$ 160.44

•Department Head designated mileage rate: \$ _____ /mile

•A travel advance form is attached to this request Yes No


 Department Head Signature

12-28-16
 Date

Travel/Education Request Form

Name(s) Commissioners, Department Heads and/or their designees

Department All Position _____

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
Legislative Session			Pierre, SD

Reason for Travel:

Travel during 2017 legislative session for any county commissioner, department head or county employee to participate in the legislative process in Pierre, SD.

Passengers: _____

Estimated Expenses:

•Method of Travel: County Vehicle Private Auto Air
 382 Miles \$ 0.42 /mile = \$ 160.44

•Meals: _____ Breakfast @ \$ _____ = \$ 0.00
 _____ Lunch @ \$ _____ = \$ 0.00
 _____ Dinner @ \$ _____ = \$ 0.00

Employees will not be reimbursed for meals that are included in the registration fee.

•Additional Expenses (taxi, parking, etc.):
 Please list _____ = \$ _____

•Lodging: _____ Estimated number of days/nights = \$ _____

•Registration: _____ Estimated Cost = \$ _____

Total Cost Estimate = \$ 160.44

•Department Head designated mileage rate: \$ _____ /mile

•A travel advance form is attached to this request Yes No


 Department Head Signature

12-28-16
 Date

Travel/Education Request Form

Name(s) Commissioners, Department Heads and/or their Deputies

Department All Position _____

Travel/Education

Date(s)	Beginning Odometer	Ending Odometer	Destination
March			8-County Meeting Hamlin Co
May			8-County Meeting Deuel Co
August			8-County Meeting Moody Co
November			8-County Meeting Codington Co

Reason for Travel:

8-County Meetings in 2017

Passengers: _____

Estimated Expenses:

•Method of Travel: County Vehicle Private Auto Air
 _____ Miles \$ _____ /mile = \$ 0.00

•Meals: _____ Breakfast @ \$ _____ = \$ 0.00
 _____ Lunch @ \$ _____ = \$ 0.00
 _____ Dinner @ \$ _____ = \$ 0.00

Employees will not be reimbursed for meals that are included in the registration fee.

•Additional Expenses (taxi, parking, etc.):
 Please list _____ = \$ _____

•Lodging: _____ Estimated number of days/nights = \$ _____

•Registration: _____ Estimated Cost = \$ _____

Total Cost Estimate = \$ 0.00

•Department Head designated mileage rate: \$ _____ /mile

•A travel advance form is attached to this request Yes No



 Department Head Signature

12-28-16

 Date