

# BAY COUNTY LIBRARY SYSTEM

## PROFESSIONAL GROWTH - TRAVEL REQUEST FORM

Name of individual traveling: \_\_\_\_\_ Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Reason for Travel: \_\_\_\_\_

Date Traveling: From \_\_\_\_\_ To \_\_\_\_\_ Time Traveling: From \_\_\_\_\_ To \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Managing Librarian/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved for Appropriateness	
_____	_____
Assistant Director	Date

Estimated Cost Summary	
<b>Registration Fee:</b> \$ _____	
<b>Vehicle Miles:</b> Est. Total Miles _____ @ \$ _____ per mile Total Cost \$ _____	
<b>Traveling by Air:</b> _____	Total Cost \$ _____
Departing Date & Time _____	Returning Date & Time _____
<b>Meals/Lodging/Fees</b> _____	Total Cost \$ _____
Lodging # of nights stay _____	From: _____ To: _____
Amount requested for cash advance: \$ _____	
<b>(note: cash advance cannot exceed total cost of trip.)</b>	

Finance Approval	
_____	_____
Business Manager	Date

Date Registered:	
_____ Fax _____	_____ On-Line
_____ Phone _____	_____ Mail