

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 _____

Written summary of conference/workshop/seminar required: ___ Yes ___ No

Approved for Appropriateness	
_____	_____
Assistant Director	Date

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

Finance Approval	
_____	_____
Assistant Director	Date

Date Registered:	
_____ Fax	_____ On-line
Phone	Mail

WHITE - FINANCE DEPARTMENT	YELLOW - HUMAN RESOURCES	PINK - EMPLOYEE COPY
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