



ABBEVILLE COUNTY TRAINING & TRAVEL REQUEST

EMPLOYEE NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

TRAVEL DESTINATION: _____

DATES OF TRAVEL: _____ to _____

ESTIMATED COST OF MILEAGE: \$ _____

ESTIMATED COST OF ACCOMMODATIONS: \$ _____

ESTIMATED COST OF MEALS: \$ _____

(\$8.00 Breakfast, \$15.00 Lunch & \$22.00 Dinner)

COST OF REGISTRATION: \$ _____

COST OF CLASSES: \$ _____

TOTAL ESTIMATED EXPENSES: \$ _____

Explain in detail the purpose of this trip and the need for your attendance:

COUNTY VEHICLE MUST BE USED WHEN AVAILABLE.

**Please attach all the information/documents pertaining to this request.
Return to the Clerk to Council at least one month before travel is needed.**

Dept. Head: _____ Date: _____

County Director: _____ Approve _____ Deny _____