

TR #

UPPER DUBLIN TOWNSHIP
TRAVEL REQUEST

SECTION 1

EMPLOYEE:

DEPARTMENT:

DESTINATION:

ACCOUNT NUMBER:

DATES: FROM / / TO / /

PURPOSE:

<u>TRAVEL EXPENSES:</u>	<u>ADVANCE</u>	<u>ACTUAL</u> <u>(attach receipts)</u>	<u>PAYMENT/REPAYMENT</u> <u>DUE</u>
1. HOTEL (\$_____/day)	\$ _____	\$ _____	\$ _____
2. MEALS (\$_____/day)			
3. GRATUITY (15% of #2)		N/A	
4. TRANSPORTATION			
A. Airfare			
B. Fuel (Township Vehicle)			
C. Mileage			
_____ miles at _____¢/mile			
D. Transfers			
5. MISCELLANEOUS			
TOTAL	\$ _____	\$ _____	\$ _____
CONFERENCE REGISTRATION/FEE \$ _____			
(Paid by Separate Check to Sponsor)			

SECTION 2

FINANCE DEPT. USE ONLY

SECTION 3

APPROVED BY: DEPARTMENT DIRECTOR _____ DATE _____

TOWNSHIP MANAGER _____ DATE _____