

CITY OF ALVA

TRAVEL/TRAINING REQUEST (FORM T-1)

NOTE: Prior to the actual departure date all travel plans for City employees shall be submitted for approval to the City Administrator on the Travel/Training Request (Form T-1). One form shall be submitted for each individual traveler with explanation or examples of seminar, school or other event.

DEPARTMENT:	EMPLOYEE #: <input style="width:100%;" type="text"/>	DATE: <input style="width:100%;" type="text"/>
EMPLOYEE NAME:		
JOB TITLE:		

TITLE OF SEMINAR, SCHOOL OR OTHER EVENT:

PURPOSE OR OBJECTIVE:

TRANSPORTATION: NOTE: Only "City qualified" drivers may operate city or private vehicles for municipal business purposes.

YES NO Drive City vehicle? If yes, give unit number and vehicle description (truck, car, etc.):

YES NO Drive private vehicle. If yes, who is your insurance carrier?

YES NO Air or bus transportation required? If yes, name of airline or bus line:

YES NO Are you a passenger? If yes, who is driver?

YES NO Are passengers riding with you, If yes, name(s) of passenger(s).

INSURANCE: Employees driving private vehicles MUST attach valid "Proof Of Insurance" document to this form.

ESTIMATED EXPENSE SUMMARY:

Registration fees	\$
Transportation, Primary (Fares, Mileage Expense)	\$
Transportation, Other (Taxi, Bus, Parking, Tolls, Etc.)	\$
Hotel/Motel Expenses	\$
Meals (breakfast, lunch, & dinner)	\$
Other: <input style="width:150px;" type="text"/>	\$
Other: <input style="width:150px;" type="text"/>	\$

TOTAL ESTIMATED COST:

NOTE:

Registration fees, public transportation fares, room and meal accommodation and other expenses may be paid through the PURCHASE ORDER SYSTEM, (in advance if necessary). The approval form (T-1) must be submitted to Central Purchasing with sufficient tie for processing, along with Purchase Requisitions for each type of expenditure (one requisition for each vendor, Hotel/Motel, Registration, etc.) Purchase Orders will be issued and returned to the department, along with any vendor related direct bill information.

DEPARTURE DATE: **RETURN DATE:** **DESTINATION:**

Employee Signature	Date
Department Director's Signature (approval)	Date
City Business Manager's Signature (approval)	Date

YES NO Is this event budgeted?

Funds currently available

Purchase Order for Advance

Advance Amount

NOTE: Employee signature (above) indicates he/she has read and is familiar with Sections 1300 thru 1304 of the Personnel Policies and Procedures Manual.

FOR OFFICE USE ONLY - - DO NOT WRITE IN THIS SPACE

VENDOR <input style="width:150px;" type="text"/> PO# <input style="width:100px;" type="text"/>	VENDOR <input style="width:150px;" type="text"/> PO# <input style="width:100px;" type="text"/>
VENDOR <input style="width:150px;" type="text"/> PO# <input style="width:100px;" type="text"/>	VENDOR <input style="width:150px;" type="text"/> PO# <input style="width:100px;" type="text"/>

