



WASHOE COUNTY PERMISSION TO TRAVEL - STANDARD
ADVANCES MUST BE REQUESTED NO LESS THAN 30 DAYS PRIOR TO DEPARTURE

Permission requested for: _____ to travel to _____
Name

_____, at approximate total cost of \$_____ including transportation.
Destination

DEPART: Date Time **RETURN:** Date Time

Reason for travel (To attend training session, seminar, convention, etc. - Specify by name and location)

Department	Initial here to confirm that you have read and understand the Travel Procedure	Employee Signature
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ESTIMATED TRAVEL EXPENSES AND ADVANCE (IF REQUIRED)

Reimbursement of meals is at per diem rate, except for in flight meals included with airfare, meals included in conference or registration fees, or when meals are paid for by other persons/organizations. For per diem rates and information, go to <https://www.gsa.gov/travel/plan-book/per-diem-rates>

			<u>Trip Estimate</u>	<u>Advance</u>
<u>TRAVEL DAYS ONLY:</u>				
Breakfast	Days	x \$	(Depart before 7:30 a.m. and/or return after 9:00 a.m.)	
Lunch	Days	x \$	(Depart before 11:00 a.m. and/or return after 1:00 p.m.)	
Dinner	Days	x \$	(Depart before 6:00 p.m. and/or return after 6:30 p.m.)	
Incidentals	Days	x \$	Only if not included above	

<u>FULL DAYS ONLY:</u>	# of Days	Amount
Meals: Per diem (attach calculations)		at
Lodging: (Receipt required)		x

OTHER EXPENSES: (Receipts required)

SWABIZ (attach print screen with totals) or
Welcome Aboard Travel

Use of Private Vehicle miles at \$ per mile
 If by personal choice miles at \$ per mile X

Ground Transportation

Auto Rental

Other Expenses

Advance approved	Advance not needed	TOTAL
MUST BE REQUESTED NO LESS THAN <u>30</u> <u>CALENDAR DAYS PRIOR</u> TO DEPARTURE.		Trip Advance

		Allocation Allocation Total
CC / IO #	G/L Account	
CC / IO #	G/L Account	
CC / IO #	G/L Account	

Comments:

DATE	APPROVER'S NAME	DEPARTMENT HEAD SIGNATURE
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Please send to APTeam@washoecounty.gov

NOTE: TRAVEL AND PER DIEM CLAIMS MUST BE FILED NO LATER THAN 15 DAYS AFTER RETURN DATE