



Travel Authorization Request Form

Employee Name: _____ Department: _____

Collective Bargaining Unit (If Applicable): AFSCME MAPE/MTPEA
 MAFF/MTFFFA MAFF (POC)

Name of Event: _____ Location: _____
(Street Address)

Date of Event From: _____ To: _____
(City & State)

Purpose (Brief Explanation): _____

Type of Expense	Estimated Amount
Program Fee	
Mileage	
Accommodations	
Meals	
Other	

**Employees wishing to attend a conference, seminar, or business meeting must obtain prior approval from their Department Head and the Board of Trustees. Under certain situations, the Township Supervisor may approve a travel request, e.g., emergency, inadequate time to obtain Board approval, etc.*

Employee Signature

Date

Department Head Approval Signature

Date

Township Supervisor Approval Signature

Date

For Department Use:

Board Meeting Date: _____ Request Denied _____ Request Approved _____

Date of Employee Notification: _____

**Include a copy of this form with your Travel Reimbursement Request when submitted to the Finance Section for any reimbursement.*