## SAWYER COUNTY TRAINING/TRAVEL STATEMENT

Name	Doc#									
Title		Department Date						ate		
Account Number			If another agency	is reimbu	rsing 100% of	expenses, ind	icate the name	e here and attach	an explanation	
Purpose Date/Time of Depa	arture		Date/Time of		Destinatio	n	Reg hrs		OT hrs	
Estimated	arture.	AM/PM	Estimated			AM/PM	Travel		Travel	
Actual		AM/PM	Actual			AM/PM	Training	,	Training	
	Travel		-	****			[			Expenses
Estimated									Paid by	
Expenses		Personal Vehicle	Mil	leage (or	10-W2W	<b></b>	at Rate/mil	^	Employee	Paid by County
		insurance must be on file with R		icage (Oi	ic-way)	L	Jac Nace/IIII			į
-		County Vehicle #				1				
	L	County venicle #				I				
		1 a to Too oo 1 / - a to - a b - a - a - a		1 161						
	<u> </u>	Air Travel (attach passe	enger receipt a	nd itiner	ary)				1.0	
		Riding With								
	Lodging	#	nights (attach	original r	eceints)					
		Check payable to:								
	!	City, State & Zip Code:	145 T							
		Confirmation #:				}				
		REMINDER:	Did you ask for th	e cheaper	of the govern	ment or event	rate?			Ck# or
			State Tax E							Pcard
	Registration									
		Check payable to:								
		Address:								
		•								
		City, State & Zip Code:			<u> </u>		,		,	Ck# or
	-				_					Pcard
	Meals									
= 11 u, v		Day Date							11.34	
0.00	Breakfast	\$5.00							1 or 1	
0.00	Lunch	\$8.00								
	Dinner	\$12.00	<b>*</b> 0 00 (	t 0 00	\$0.00	<b># 0.00</b>	2000	\$ 0.00		
		Total \$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	φ 0.00		
	Miscellaneous Expens	es (attach original recei	pts)							
	1.	·							11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	
	2.									
	3.						-			
,										
0.00			(Complete	Reverse	Side)			TOTAL		
			leambiete		,		=	10.775		

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## **General Instructions**

This form should be used for any training and travel requests which include training time or other costs that are paid by the County. Please provide appropriate pre-travel information and submit to the Accounting Manager at least *two weeks* before the scheduled training, indicating any items that should be prepaid. After processing, the original form will be returned to the traveler to be finalized with actual times and costs after the training has been complete. Travelers must comply with the provisions of the County's Travel Policy.

## Attach all supporting documentation to this form

	Pre-Travel Approvals:	Post-Travel Reconciliation:  Within 10 working days after training is complete, submit the completed travel form, along with any payments due, to the Accounting Manager.						
Department  Accounting  County Administrator	Date	Reconciliation of Costs  Expense paid by employee: [Match total (A) on front of form.]  Less Cash advance {  Amount due County						
	Training Record	Date Paid:	4					
Name of Course Taken Institute Name Dates Attended Hours of Training Credits Received Exam Taken (Y/N)		Date Paid Payroll # Post Travel Approvals I am aware of the County's travel Policy and have cor Traveler Department						
		Accounting	Date					
	Travel	or Training Notes						