

**SAWYER COUNTY
TRAINING/TRAVEL STATEMENT**

Name				Doc #				
Title			Department			Date		
Account Number			If another agency is reimbursing 100% of expenses, indicate the name here and attach an explanation					
Purpose				Destination				
Date/Time of Departure			Date/Time of Return			Reg hrs	OT hrs	
Estimated _____ AM/PM		Estimated _____ AM/PM		Travel _____	Travel _____			
Actual _____ AM/PM		Actual _____ AM/PM		Training _____	Training _____			
Estimated Expenses	Travel						Actual Expenses	
							Paid by Employee	Paid by County
<input type="text"/> Personal Vehicle <input type="text"/> Mileage (one-way) <input type="text"/> at Rate/mile <small>A certificate of insurance must be on file with Risk Management</small> <input type="text"/> County Vehicle # <input type="text"/> <input type="text"/> Air Travel (attach passenger receipt and itinerary) <input type="text"/> Riding With <input type="text"/>								
Lodging # _____ nights (attach original receipts)								
Check payable to: _____ Address: _____ City, State & Zip Code: _____ Confirmation #: <input type="text"/>								
<small>REMINDER: Did you ask for the cheaper of the government or event rate?</small> State Tax Exempt #39-6005742						Ck# or Pcard		
Registration								
Check payable to: _____ Address: _____ City, State & Zip Code: _____						Ck# or Pcard		
0.00	Meals							
		Day						
		Date						
	Breakfast	\$5.00						
	Lunch	\$8.00						
	Dinner	\$12.00						
	Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
Miscellaneous Expenses (attach original receipts)								
1. _____								
2. _____								
3. _____								
0.00	(Complete Reverse Side)				TOTAL			

