

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.



\_\_\_\_\_  
Finance Director

## COUNTY OF CURRITUCK TRAVEL ADVANCE REQUEST

Employee's Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Reason for Travel: \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 What Hotel/Motel will you be staying in? \_\_\_\_\_

Departure Date	Departure Time	Return Date	Return Time
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Meals provided with Class registration or by motel:

_____	+	_____	+	_____	=	_____ -
Breakfast		Lunch		Dinner		Total Meals Provided

**Estimate of Expenses:**

1) Mileage		
2) Meals		
3) Lodging		
4) Registration Fees		
5) Other (please list)		
Total		\$ _____ -

Amount of Travel Advance Requested

\$ \_\_\_\_\_ -

I hereby certify that the travel advance requested will be used for necessary travel expenses while in the service of the County. I understand that an expense report justifying all expenses and receipts for all items other than meals that are reimbursed on a per diem basis will be turned in to the Finance Director within 10 business days after the travel period ends or June 30<sup>th</sup>, whichever occurs first. If a travel expense report is not submitted to the Finance Director as stated above, I understand the Finance Director may deduct the full amount of this advance from my paycheck. Any additional reimbursement due for approved travel will be repaid through the regular accounts payable check process once a complete expense report is submitted to the Finance Director.

Approved by: \_\_\_\_\_  
 Department Head/Supervisor

\_\_\_\_\_  
 Traveler's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Account Number