## REQUEST for WORKSHOP/CONFERENCE/MEETING ATTENDANCE and EXPENSE REPORT for COLUMBUS COUNTY

Emplo	yee Requesting Authorization:	Title:		
Date Prepared: Department:		Account Number	Account Number:	
Advan	ce Requested: Yes No Amount Requested:			
Confer	rence Title:			
Sponso	ored By: Co	onference Site:		
	of Conference/Meeting: From: To:			
EXP	PENSE CATEGORY	ESTIMATE	ACTUAL	
Regis	stration Fees	\$	\$	
Transportation Type:		\$	\$	
Lodging:			\$	
Meals: Breakfast: Lunch: Dinner:		\$\$ \$\$	\$\$ \$\$ \$	
Gratuities (included in daily allowance:		\$	\$	
Garage and Parking Charges		\$	\$	
Miscellaneous (Explain):		\$	\$	
TOTAL TO BE EXPENDED:		\$	\$	
1. 2. 3.	INSTRUCTIONS TO CO  This form must be submitted prior to attending conference out- Submit requisition at least two (2) weeks in advance if advance Upon returning from Workshop/Conference/Meeting, employed If you are provided a credit card to use, submit charged receipt All travel must be processed within two (2) working days of ret	of-county <b>five (5) working days in</b> registration is to be forwarded. e should complete actual expense restored to the appropriate person in your	eport on the approved form. department.	
	FINAL APPR	OVAL:		
1.	. Is the Workshop/Conference/Meeting mandatory or elective? Mandatory Elective			
2.	Does the Workshop/Conference/Meeting require compensatory time? Yes No If <b>yes</b> , number of hours:			
	EPARTMENT HEAD FINANCE OFFI		TTY ADMINISTRATOR	
DATE	E:DATE:	DATE:		