

CITY OF SPEARFISH TRAVEL REQUEST FORM

**THIS REQUEST MUST BE FILED IN THE FINANCE OFFICE TWO DAYS
BEFORE THE APPROPRIATE CITY COUNCIL COMMITTEE MEETING**

(Check correct box) In-State Travel Out-of-State Travel

Departure Date: _____ Time: _____

Returning Date: _____ Time: _____

Destination: _____

I, _____ hereby request permission to travel for the purpose herein stated: (Give nature of business to justify the Cost involved and attach copy of the program or agenda).

List all other personnel, if any, making trip for same purpose. _____

Method of transportation requested: (mark appropriate one)

_____ City vehicle Estimated number of miles _____
_____ Personal vehicle
_____ Commercial airline
_____ Charter air

If flying, include method of transportation to airport.

Estimated cost of transportation	\$ _____	<u>Department Head initial appropriate spot.</u>
Estimated cost of meals/lodging	\$ _____	Staff Requested Travel _____
Registration fee/incidentals	\$ _____	Supervisor Assigned Travel _____
TOTAL amount allowed	\$ _____	Account No. _____

NO COST TO CITY, APPROVAL OF TRAVEL ONLY _____

If all or a portion of the travel is by City vehicle complete below:

SD Driver's License Number _____ Expiration Date: _____

APPROVAL OF TRAVEL

Requesting Party Date

Department Head Date

City Administrator Date