

CITY OF LUMBERTON

FORM T-1

TRAVEL ADVANCE REQUEST FORM

TO BE COMPLETED AND SUBMITTED AT LEAST 10 DAYS PRIOR TO TRAVEL

Date of This Request: _____		Budget Account No: _____	
Employee Name: _____		Title: _____	Dept.: _____
Destination _____ _____ _____		Meeting Date(s) ----- From: _____ To: _____	
Total Estimated Expense \$ _____ Registration \$ _____ Transportation \$ _____ Lodging \$ _____ Books \$ _____ Meals \$ _____ Total		Are Funds Requested in Advance? ____ Yes _____ No ----- Amount Requested in Advance Amount: \$ _____	
Purpose of Meeting: _____ _____ _____			
Are Funds Included in Current Budget for this travel? ____ Yes _____ No		Mode of Transportation ____ City-owned Vehicle ____ Private Vehicle ____ Air ____ Other _____ \$ _____ Cost	
Overnight Accommodations Required: ____ Yes _____ No			
Housing Facility _____			
Government Discount ____ Yes _____ No			
Rate Per Night/Person \$ _____			
Comments, Reviews: _____ _____ _____			
Approval _____ Department Head / _____ Date		Approval _____ City Manager / _____ Date	