

# 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 _____	
Overnight Accommodations Required:  ____ Yes    _____ No		
Housing Facility _____		
Government Discount    ____ Yes    ____ No		
Rate Per Night/Person \$ _____	\$ _____ Cost	
Comments, Reviews: _____ _____ _____		
Approval _____ Department Head	Approval _____ City Manager	