



# Unified Government Human Resources Guide

Effective 04-01-05

## TRAINING/TRAVEL REQUEST

**INSTRUCTIONS:** For travel within the State of Kansas and the Kansas City metropolitan area where expenses are \$100 but the total estimated individual cost does not exceed \$1,000, complete Section A. (Travel within Kansas and the Kansas City metropolitan area where expenses are less than \$100 does not require a travel request.)

For all other travel, complete both Sections A and B.

In all cases, please attach the conference brochure or justification.

### SECTION A:

Date: \_\_\_\_\_

Name \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_

Department/Division/Subdivision: \_\_\_\_\_

Position Title: \_\_\_\_\_ Conference Title: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

Date travel for business begins: \_\_\_\_\_ Date travel for business ends: \_\_\_\_\_

Are overtime hours needed? \_\_\_\_\_ If so, state number of hours: \_\_\_\_\_

Training/Travel Plans: Calculate and briefly describe the types of costs which will be incurred.

Actual*	Estimated	
\$	\$	
_____	_____	Conference fees: _____
_____	_____	Transportation: _____
_____	_____	Hotel: Name: _____
_____	_____	Fee per night including tax: _____ Number of nights: _____
_____	_____	Meals = Rate per diem: _____ ÷ by 3 _____ x No. of meals _____
\$	\$	<b>TOTAL COST</b>

Fund Name: \_\_\_\_\_ Account Code Distribution: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Division Head: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION B:

The above request is hereby  Approved  Denied.

County Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\* Actual cost to be completed upon reimbursement request