



Unified Government Human Resources Guide

Effective 11-06-2025

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 travels, 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: _____

Attach conference agenda/brochure. Highlight which meals are included with registration.

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: _____

*Employees must calculate per diem based on the Federal GSA per diem rates for the conference location: [Per diem rates | GSA](#)

*Per diem must be reduced for each meal provided. If meal is provided, no per diem reimbursement will be given for that meal.

Meals: Please attach the conference agenda/schedule to identify meals included (e.g., breakfast, lunch, dinner).

<input type="checkbox"/> Breakfast provided at hotel	Dates: _____
<input type="checkbox"/> Breakfast provided at conference	Dates: _____
<input type="checkbox"/> Lunch provided at conference	Dates: _____
<input type="checkbox"/> Dinner provided at conference	Dates: _____

DATE	BREAKFAST	LUNCH	DINNER	INCIDENTALS	TOTAL
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

\$ _____ \$ _____ **TOTAL COST**

[Note] Employees requesting a cash advance or per diem in advance must complete a Spend Authorization form in Workday before travel.

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