



City of Evansville

Travel/Training Request

Tracking No.

Dates of Proposed Travel: _____ Phone Number: _____

Employee Requesting Travel: _____ Department: _____

Travel/Training Location: _____

Purpose of Travel: _____

Anticipated overtime hours & backfill overtime hours: _____

Day(s) off overtime hours total: _____

Travel overtime hours to and from total: _____

Backfill overtime hours total: _____

Estimated Comp Time Involved: _____

Training Justification: Certification Recertification

EPD Training Committee Score: _____ Approved Disapproved

Use of City Vehicle for Travel? Yes No

Fees: Fuel or Mileage _____ Tuition _____

Airfare _____

Lodging _____

Food* _____

TOTAL Estimated Cost _____

Are there sufficient funds in the appropriate line item? _____

Line Item Account #: _____ Account Balance prior to travel: _____

Will/Were funds transferred from a different line item to cover the cost of travel? _____

If funds were transferred from a different line item, what amount? _____

Department Head Approval _____ Date: _____

Controller Approval _____ Date: _____

Mayor Approval _____ Date: _____

If requested information does not apply, note: N/A

Attach supporting documentation (description of training/meeting/conference literature)

* Meals not to exceed current State of Indiana meal allowance (\$41/day in-state; \$52/day out-of-state)

For reimbursement, submit original, itemized receipts for all expenses with completed Expense Reimbursement Form signed by department head as well as a copy of the approved PO.