

COUNTY OF YADKIN

TRAVEL APPROVAL FORM

DEPARTMENT _____

TRAVELER _____

PURPOSE _____
(conference, class, etc. - be specific)

LOCATION _____ DATE _____

COST _____
(estimated total cost-mileage, registration, hotel, meals, etc.)

BUDGET LINE _____

PLEASE NOTE!

* Copies of the Conference Agenda and/or class information should be attached to this form

* Completed copies of this form must be attached to any related check request and Travel Expense Form

TRAVELER SIGNATURE _____ DATE _____

SUPERVISOR APPROVAL _____ DATE _____

DEPT. DIRECTOR/BOARD APPROVAL _____ DATE _____

