

**OFFICE OF THE COUNTY EXECUTIVE**  
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**AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM**

1. Admin. Unit: \_\_\_\_\_ 2. PeopleSoft Speed Type (Index #): \_\_\_\_\_  
 Account Code (Sub-Object): \_\_\_\_\_  
 Grant #: \_\_\_\_\_

3. Narrative Description and Justification: (benefit to County, position, or licensing):

4. Objective to be Accomplished:

5. Location: \_\_\_\_\_

6. Out-of-State or Overnight Stay - Executive Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Method of Travel: Personal Vehicle

8. Dates: From \_\_\_\_\_ To \_\_\_\_\_ Number of Days: \_\_\_\_\_

9. Cost Estimate:

Names & Titles of Those Attending	Transportation	Tolls	Rooms	Meals	Reg. Fee or Tuition	Other	Total
1.	\$	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$	\$
<b>Grand Total</b>	\$	\$	\$	\$	\$	\$	\$

10. Available Balance: \$ \_\_\_\_\_

11. Travel Agent: \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Total Requested: \$ \_\_\_\_\_

13. Total Approved: \$ \_\_\_\_\_

14. \_\_\_\_\_  
 Dept. Head Approval Date

15. \_\_\_\_\_  
 County Executive's Office Approval Date

16. \_\_\_\_\_  
 Comptroller's Office Approval (for travel card use) Date

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**Form CE Travel – Authorization for Travel Expenses** – must be completed in triplicate and submitted to the County Executive’s Office at least three weeks prior to travel when requesting authorization for non-routine business-related travel.

Line 1. *Admin Unit* – Indicate department and unit.

Line 2. *Famis Index Code* –Travel/meeting (6404 or 6405).

Line 3. *Narrative Description & Justification* – Give a concise, narrative description and justification for the travel requested. Include sponsoring entity and reason for travel. Include descriptive brochure with conference agenda, if available.

Line 4. *Objectives to be Accomplished* – Indicate the benefits to the County that will be derived from attending/participating.

Line 5. *Location* – Fill in address of destination.

Line 6. *Out-of-State or Overnight Stay or Registration Fee over \$200.* – If yes, forward in triplicate to the County Executive’s Office for approval.

Line 7. *Method of Travel* – Indicate how traveling (personal vehicle, county vehicle, train, plane, etc.).

Line 8. *Dates* – Fill in beginning and ending dates of function and calculate the number of days.

Line 9. *Cost Estimates* –

- Name and title of each person attending
- Total transportation costs per person (driver only will get reimbursed auto-related expenses)
- Toll costs (for primary driver only)
- Total cost for rooms (use tax exempt form when applicable)
- Total meals per person (\$10 breakfast, \$15 lunch, \$25 dinner – see guidelines)
- Total cost per person for registration
- Other pertinent costs per person, e.g. books, materials, parking, business calls
- Total each column across/down and provide grand total.

Line 10. *Available Balance* – Amount of available balance in this account at the time of request.

Line 11. *Travel Agent* – Indicate whether or not a travel agent will be utilized.

Line 12. *Total Requested* – Indicate total amount requested.

Line 13. *Total Approval* – Amount approved.

Line 14. *Dept. Head Signature* – Signature of authorized official from requesting department

Line 15. *County Executive Office Approval* – CEO signature if necessary.

Line 16. *Comptroller’s Office Approval* - Signature required for travel credit card usage.