

Platte Canyon Water & Sanitation District

Travel Approval Cost Estimate Form

Complete applicable areas, print, sign, and attach to Training Authorization Form, and submit for review

Employee Name: _____		Date: _____	
Reason for Travel:	<input type="checkbox"/> Conference	<input type="checkbox"/> Seminar/Workshop	
	<input type="checkbox"/> Training Event	<input type="checkbox"/> Other:	_____
Method of Travel to Event (select one)			
Air Travel:	Airline: _____		
	Estimated Ticket Price: _____		
Ground Travel:	Mode: <input type="checkbox"/> Automobile	<input type="checkbox"/> Other:	_____
	Mileage to/from event: _____	IRS rate per mile:	_____
	Total mileage cost: _____		
Hotel Selection			
Hotel Desired:	_____	# of nights:	_____
Cost per night:	_____	Check-in date:	_____
		Check-out date:	_____

Estimated Costs:	Flight to event: _____			
	Hotel: _____	(Nights _____ @ _____	/night)	
	Registration: _____			
	Per diem (first and last): _____	(# Days _____ @ _____	/day)	
	Per diem (full day): _____	(# Days _____ @ _____	/day)	
	Car rental: _____			
	Taxi/shuttle: _____			
	Mileage to/from airport: _____	(# miles _____ @ _____	/mile)	
	Miscellaneous: _____	For what: _____		
	TOTAL:			

Signature - Training Coordinator

Signature - Staff Completing Form

Checks payable to:	Payment for:	Amount:	Date Needed:

Accounting Office Only:	
Payee: _____	Check # & date: _____
_____	_____