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GL Account _____

Exhibit V

TRAVEL & TRAINING REQUEST FORM

Employee Name Department

Description of Training

TRAINING / TRAVEL

Location of Training: _____

Registration Fee: \$ _____ **PLEASE ATTACH DOCUMENTATION VERIFYING REGISTRATION FEE**

Registration Paid By: City Credit Card City Check (If by check: Mail Give to Traveler Other)

Dates of Travel: _____ to _____

Mode of Travel: City Vehicle Private Vehicle Other

LODGING

Name of Hotel & Address: _____

Number of Nights _____ X Rate \$ _____ = \$ _____ **INCLUDE TAX**

Lodging Paid By: City Credit Card City Check (If by check: Mail Give to Traveler Other)

PER DIEM

Miles: _____	x	Rate \$0.535 =	\$ _____
Breakfast: _____	x	Rate \$8.00 =	\$ _____
Lunch: _____	x	Rate \$12.00 =	\$ _____
Dinner: _____	x	Rate \$23.00 =	\$ _____
Incidentals: _____	x	Rate \$3.00 =	\$ _____
OR \$46.00 Per Day	x	_____ =	\$ _____
		TOTAL	\$ _____

TOTAL COST

Training / Travel:	\$ _____
Lodging:	\$ _____
Per Diem:	\$ _____
<hr/>	
TOTAL	\$ _____

Employee Signature Date

Department Head Signature Date

Mayor/Administrator or Manager Date

Finance Director / Treasurer Date