



**MIAMI-DADE COUNTY
TRAVEL REQUEST FORM**

T# _____

DEPT. CONTACT PERSON _____ PHONE _____

INDEX CODE _____ DATE _____

TRAVELER _____ **TITLE** _____

DEPARTMENT _____ DIVISION _____

DESTINATION _____

MODE OF TRANSPORTATION _____

DATE OF TRIP: From _____ To _____

ESTIMATED COST:

MILEAGE EXPENSE \$ _____

AIR TRAVEL \$ _____

TAXI, AUTO RENTAL \$ _____

MEALS & INCIDENTALS \$ _____

LODGING \$ _____ CONFERENCE HOTEL: YES _____ NO _____

PER DIEM (Domestic/Foreign) \$ _____

REGISTRATION \$ _____ (ATTACH REGISTRATION FORM WITH AGENDA, AMOUNT OF FEE & NAME OR ORGANIZATION TO WHICH CHECK IS PAYABLE)

COMMUNICATIONS \$ _____

OTHER (tolls, gas, etc.) \$ _____

TOTAL \$ _____ AMOUNT OF TRAVEL ADVANCE \$ _____ (TRAVELER ASSUMES FULL RESPONSIBILITY FOR FUNDS ADVANCED)

PURPOSE OF TRIP: Explain how trip is necessary and useful to conduct County business.

SIGNATURE _____ (TRAVELER) _____ (DATE) SIGNATURE _____ (DEPARTMENT DIRECTOR) _____ (DATE)

THIS FORM MUST BE SUBMITTED TO THE FINANCE DEPARTMENT SEVEN (7) WORKING DAYS IN ADVANCE OF TRAVEL

Approval signature required when applicable in accordance with Administrative Order 6-1 and Miami-Dade County's Travel Policy and Procedures Manual.

OSBM COUNTY MANAGER'S REPRESENTATIVE COUNTY MANAGER

APPROVED: DATE _____ DATE _____ DATE _____

For domestic and foreign per diem, meals and lodging reimbursement rates please go to the County's travel website at: intra.miamidadegov/travel/

PREPARE FIVE COPIES WHITE AND YELLOW TO FINANCE PINK AND GREEN TO DEPT. GOLD TO TRAVELER