

**ATTACHMENT A**

**MIAMI-DADE COUNTY  
DEPARMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
OUT-OF-TOWN TRAVEL REQUEST  
FOR NON-COUNTY EMPLOYEES**

Date: \_\_\_\_\_

Project: \_\_\_\_\_ Code: \_\_\_\_\_

Traveler's Name: \_\_\_\_\_

Traveler's Title: \_\_\_\_\_

Destination: \_\_\_\_\_ Mode of Travel: \_\_\_\_\_

Dates of Trip: From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Estimated Costs:

Transportation: \$ \_\_\_\_\_

Remarks \_\_\_\_\_

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Dates								
Lodging								
Breakfast \$7.00								
Lunch \$11.00								
Dinner \$18.00								
Local Transportation								
Other Explain								
Total								

Grand Total \$ \_\_\_\_\_

Per Diem \$ \_\_\_\_\_ X \_\_\_\_\_ days = \_\_\_\_\_

Approvals: \_\_\_\_\_  
EXECUTIVE DIRECTOR OR  
BOARD PRESIDENT

\_\_\_\_\_  
DHCD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE