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12-18-2007

Municipal Travel Policy

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Municipal Technical Advisory Service

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Recommended Citation

Ashburn, Melissa, "Municipal Travel Policy" (2007). *MTAS Publications: Technical Bulletins*.
http://trace.tennessee.edu/utk_mtastech/99

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AUTHORIZATION FOR TRAVEL

CITY OF _____

I hereby request authority for travel on official city business to the destination on the dates and for the purpose indicated below.

DATE	CITY & STATE	HOTEL ADDRESS	PURPOSE OF TRIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accompanied By _____

APPLICANT _____ Department Account _____

Signature _____

Total Estimated Cost of Travel \$ _____

SPECIAL FUNDING REQUESTS (Select items requested.)

Registration Prepayment

Prepaid Airline Tickets

Travel Advance of \$ _____

APPROVAL (Please note: Approval of travel requests by the signatory below indicates that adequate funding is provided in appropriations to cover the estimated costs of this travel.)

Signature _____ Signature _____
Department Head Chief Administrative Officer