



Overnight Travel Pre-Approval Form Approved Travel Policy. (Section B)

ADDENDUM A

Employee Information

- Employee Name: _____
 - Job Title: _____
 - Department: _____
 - Department Head: _____
-

Travel Details

- Event/Training Title: _____
 - Sponsoring Organization: _____
 - Location (City/State): _____
 - Travel Dates:
 - Departure Date: _____
 - Return Date: _____
 - Number of Overnight Stays: _____
-

Purpose of Travel

Briefly describe the reason for travel and how it relates to job duties:

Estimated Expenses (optional for pre-approval)

- Lodging: \$ _____
 - Mileage: \$ _____
 - Registration/Fees: \$ _____
 - Other: \$ _____
 - **Estimated Total:** \$ _____ Is this expense budgeted for? _____
-

Approval Section (Required Prior to Commitment)

1. Department Head Approval (Required First)

Approved Denied

Comments (if any):

Department Head Name: _____

Signature: _____ Date: _____

2. Town Board Liaison Approval (Final Approval Required)

Approved Denied

Comments (if any):

Board Member Name: _____

Signature: _____ Date: _____

Emergency Approval (if applicable)

(Only used when timing prevents standard routing)

Approved by Board Member via:

Phone Email

Board Member Name: _____ Date/Time: _____