



GL Account _____

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TRAVEL & TRAINING REQUEST FORM

If paying with city credit card and transportation and per diem are not involved then you do not need to submit this form.

Employee Name _____

Department _____

Description of Training _____

TRAINING/LODGING

Location of Training: _____

Dates of Travel Status: _____ to _____

Registration Fee: _____

Registration Paid By: City Credit Card City Check

Lodging costs _____

TRANSPORTATION

Transportation: City Vehicle Airplane _____ City vehicle available 50% rule applies
 Private Vehicle-Miles _____ x Rate _____ = _____ - 50% _____ = Total _____

(Google search: irs.gov mileage for current year rate)

PER DIEM (Go to: gsa.gov/travel/plan-book/per-diem-rates)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Date/s:								
Meals/Daily Rate 1 st , last=75%								
Breakfast Provided								
Lunch Provided								
Dinner Provided								
Is breakfast provided by the hotel: _____								
Is lunch provided by the conference: _____								
TOTAL PER DIEM _____								

If meals are provided by the hotel/conference please deduct each meal.

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

TOTAL COST OF THIS TRAINING _____

Employee signature _____ Date _____

Department Head Signature _____ Date _____

Please Attach ALL Supporting Documentation

Mayor/City Manager/Finance Director/Treasurer _____ Date _____