



**Granville County  
TRAVEL APPROVAL FORM**

Complete this form, attach documentation of estimated costs, and submit it to County Administration at least 30 days prior to travel date(s). Failure to provide proper documentation and/or advance notice of travel needs may result in the travel request being denied.

**Staff Name** \_\_\_\_\_

**Department/Unit** \_\_\_\_\_

**Name of Conference/Class\*** \_\_\_\_\_

**Location of Conference/Class** \_\_\_\_\_

**Mode of Travel (auto, air, etc.)** \_\_\_\_\_

**Date(s) of Travel** From \_\_\_\_\_ To \_\_\_\_\_

**Estimated Number of Miles** \_\_\_\_\_ @ .655 per mile = \$ \_\_\_\_\_

**Alternate Mode of Travel Costs (airfare, etc.)** \$ \_\_\_\_\_

**Conference Registration Cost** \$ \_\_\_\_\_

**Estimated Cost of Meals** \$ \_\_\_\_\_

**Estimated Cost of Lodging** \_\_\_\_\_ (# nights) x \$ \_\_\_\_\_ (rate/night) = \$ \_\_\_\_\_

\*Attach information regarding the conference/class and cost estimates to this form.

If the conference/class is not mandatory to your job classification, please explain the necessity of attending this event. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**APPROVAL SECTION**

\_\_\_\_\_  
Supervisor Printed Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Printed Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Manager/Deputy County Manager Signature

\_\_\_\_\_  
Date