

HEAD START of LANE COUNTY

TRAVEL EXPENSE FORM

REQUESTED BY: \_\_\_\_\_

PROGRAM / REGION NAME: \_\_\_\_\_

NAME OF TRAVEL / TRAINING: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DATE(S) OF TRAVEL: \_\_\_\_\_

NUMBER OF DAYS PAID TO ATTEND THE TRAINING: \_\_\_\_\_

	ESTIMATED EXPENSES	PURCHASE ORDER #	ACTUAL EXPENSES
REGISTRATION FEE:	_____	_____	_____
AIRLINE:	_____	_____	_____
SURFACE: _____ Miles	_____	_____	_____
LODGING:	_____	_____	_____
PER DIEM (on Portal):	_____	_____	_____
OTHERS: (Specify) 1)	_____	_____	_____
(If you have more, list on 2)	_____	_____	_____
separate sheet.) 3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
TOTAL:	_____		_____
		Balance:	_____

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Instructions:**

- 1 Complete the Estimated Expenses and obtain the approval.
- 2 Attach this approved form to the first Purchase Order.
- 3 Attach any related documents.
- 4 If the Actual Expenses are different than Estimated, complete the Actual Expense columns.
- 5 Return the unused balance or request the differences to Accounting.