

Out of County Travel Estimate

This form should be completed and attached to either form GALE-R or GALBG-R when a request is made for out of county travel. All out of county travel that is to be reimbursed from any fund source must be approved by the Central Office.

Estimated departure: Date _____ Time _____

Estimated return: Date _____ Time _____

Estimated mileage cost: _____ miles X _____ per mile = _____

Estimated meal cost: _____ meals X \$13/meal = _____

Estimated lodging cost: _____ nights. Total cost = _____

Total estimated claim _____

List other employees that are rooming with you: _____

Attach a copy of the meeting agenda