



Travel Authorization

Employee name: _____ Date: _____
 Destination: _____ Travel dates: _____
 Purpose: _____

Quantity	Description	Rate	Total
	Breakfast		-
	Lunch		-
	Dinner		-
Total meals			\$ -
	Mileage:		-
	Parking, tolls:		
Total travel authorization			\$ -
Advance payment date:		Amount	_____
Travel reimbursement due		\$	-
Temporary credit card #:			
Temporary credit limit:			

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act, NC GS 159-28(1)

Finance officer certification	Employee signature	Date
Budget code	Department head signature	Date
	Town manager signature, if applicable	Date