



Georgetown City Fire Department

Travel Request

This form may be used in place of City Personnel Form PF-8

Name:	Date:
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Position Title:	Department:
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Purpose of Trip:

Trip Destination:

Departure Date and Time:

Travel Mode:

Return Date and Time:

Estimated Expenses:

Lodging:
Travel:
Meals:
Total Cost:

I will require a travel advance Yes No

Amount:

Budget Account Number:	Purchasing Approval
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Employee:	Date:
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Supervisor:	Date:
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Department Head:	Date:
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Assistant City Administrator:	Date:
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Comments: _____

Finance Director _____ Date _____ Funds Available _____ Funds Not Available _____

Check No. _____ Issued to: _____ Amount: _____ Date: _____