GILA COUNTY
REQUEST FOR PRE TRAVEL AUTHORIZATION

(Form PTA01)

REQUEST FOR TRAVEL:

DEPARTMENT: _____

REQUESTOR: _____

OTHERS: _____

_____

_____

_____

_____

DATES OF TRAVEL:

START: _____

END: _____

ESTIMATED COST (per traveler)

TRANSPORTATION:

HOTEL:

REGISTRATION:

MEALS:

OTHER:

TOTAL $ -

TRAVEL DESTINATION

FROM: _____

TO: _____

REASON FOR TRAVEL:

EXPECTED BENEFITS OF TRAVEL:

SPECIAL NEEDS:

RESERVE COUNTY VEHICLE: YES _____ NO _____

DATE OUT: _____ DATE IN: _____

REQUEST FOR TRAVEL FUNDS ADVANCE:

DATE REQUIRED: _____ AMOUNT _____

REQUESTOR:

NAME: _____ DATE: _____

APPROVALS:

DEPARTMENT HEAD: _____ DATE: _____

COUNTY MANAGER: _____ DATE: _____

Note: Attach this form to any expense reimbursement requests.