



Travel Authorization Form

Must be submitted at least 2 weeks prior to proposed travel dates
Email completed form to travelauth@catoosa.com

Employee Name: _____	
Job Title: _____	
Department: _____	
Travel Purpose: <input type="checkbox"/> Meeting <input type="checkbox"/> Training <input type="checkbox"/> Conference <input type="checkbox"/> Other (explain) _____	
Destination: _____	
Beginning Date: _____	Ending Date: _____
Estimated Cost	
Hotel: \$ _____ <input type="checkbox"/> RAMP <input type="checkbox"/> Check	
Meals: \$ _____ (If purchasing meals, complete and attach per diem request for this amount.)	
Flight: \$ _____ <input type="checkbox"/> RAMP <input type="checkbox"/> Check	
Miscellaneous: \$ _____ <input type="checkbox"/> RAMP <input type="checkbox"/> Check	
Description: _____	
Vehicle: <input type="checkbox"/> Rental Car \$ _____ <input type="checkbox"/> RAMP <input type="checkbox"/> Check <input type="checkbox"/> County Vehicle (If checked, RAMP card may be used to purchase fuel.) <input type="checkbox"/> Personal Vehicle (If checked, you must submit mileage reimbursement upon return.)	
Total Estimated Cost: <input type="checkbox"/> RAMP \$ _____ <input type="checkbox"/> Check \$ _____	
Do you need a Ramp Card? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employee Signature: _____	Date: _____
Director Signature: _____	Date: _____