County of Cayuga Travel Request

Date Received	
Name of County Officer or Employee	
Department	
Purpose of Travel	
Sponsoring Organization	

Place		Date		To:	
Overnight Accommodations required	☐ Yes	No	Where:		
Transportation					
County Vehicle	☐ Yes	No			
Personal Car	☐ Yes	No	Attach mileage form		
Plane	☐ Yes	No			
Train	☐ Yes	No			
Vehicle Pooling	☐ Yes	☐ No			
Are you a member or officer of Sponsoring Organization	☐ Yes	No	Title:		

Estimated County Expense			
Food		Mode of Payment	
Registration Fee		Audit	
Transportation		Credit Card (Specify)	
Lodging		Revolving Fund Request	
Other		Other (Specify)	
Estimated Total			

Reimbursement from:			
Federal		What % if any	
State		What % if any	
County		What % if any	
Attach additional information if available		Account Code Charged	

Type of Travel	**Approval Required**
Travel within the County (Employees)	Department Head
Travel Outside County, within NYS (Employees)	Department Head
Travel Outside NYS (All Employees)	Depart. Head/Co. Admin. Or Designee
Department Head Travel – (Overnight only)	Co Admin. or Designee

Approvals			**Date**	**Signature**
Dept. Head Approval	☐ Yes	No ☐		
County Administrator	☐ Yes	No ☐		