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GL Account \_\_\_\_\_

Exhibit V

# TRAVEL & TRAINING REQUEST FORM

If paying with city credit card and transportation and per diem are not involved then you do not need to submit this form.

Employee Name \_\_\_\_\_

Department \_\_\_\_\_

Description of Training \_\_\_\_\_

### TRAINING/LODGING

Location of Training: \_\_\_\_\_

Dates of Travel Status: \_\_\_\_\_ to \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Registration Paid By:  City Credit Card  City Check

Lodging costs \_\_\_\_\_

### TRANSPORTATION

Transportation:  City Vehicle  Airplane \_\_\_\_\_  City vehicle available 50% rule applies  
 Private Vehicle-Miles \_\_\_\_\_ x Rate \_\_\_\_\_ = \_\_\_\_\_ - 50% \_\_\_\_\_ = Total \_\_\_\_\_

(Google search: irs.gov mileage for current year rate)

### PER DIEM (Go to: [gsa.gov/travel/plan-book/per-diem-rates](http://gsa.gov/travel/plan-book/per-diem-rates))

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
Date/s:								
Meals/Daily Rate 1 <sup>st</sup> , last=75%								
Breakfast Provided								
Lunch Provided								
Dinner Provided								
Is breakfast provided by the hotel: _____								
Is lunch provided by the conference: _____								
If meals are provided by the hotel/conference please deduct each meal.								
<b>TOTAL PER DIEM</b> _____								

**TOTAL COST OF THIS TRAINING** \_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Mayor/City Manager/Finance Director/Treasurer \_\_\_\_\_ Date \_\_\_\_\_

**Please Attach ALL Supporting Documentation**

Revised 3/2023