



*Pulaski County Government
201 South Broadway
Little Rock, Arkansas 72201
Advance Travel Request*

I _____
Full Name

Respectfully request the county pay for the following advance travel expenses:

1. Mode of Transportation

Air_ _____ Private Vehicle_____ Other_____

Departure Date_____ Return Date_____

2. Lodging_____

Check in date: _____ Check out date: _____

3. Conference Registration__ __

Name of Conference: __ _____ Location: __ _____

*Special Instructions or medical needs necessary to travel arrangements: _____

By signing this document I acknowledge that the dates of travel, destination and method of travel are correct. Should I cancel or make any changes to the travel arrangements paid by the county, I agree to pay all fees or monetary penalties associated with those changes or cancellations. I acknowledge that a final travel expense report shall be completed and provided to the Comptroller's office with all required receipts and supporting documents within ten (10) working days of the end of travel. If a final travel expense report is not completed within ten (10) working days, all travel expenses paid by the county will be deducted from the traveler's paycheck. In the event of personal or immediate family medical emergencies, I understand that I may request to have all fees waived.

Signature Dept# Date

Approved By: Elected Official/Designee Date