

**PULASKI COUNTY  
PER DIEM TRAVEL REQUEST FORM**

**ATTENDEE NAME :** \_\_\_\_\_  
**(PRINT ONLY THE NAME ON THE SOCIAL SECURITY CARD / NO NICKNAMES)**

**LAST 4 DIGITS OF ATTENDEE'S SS NUMBER:** \_\_\_\_\_

**DEPT.:** \_\_\_\_\_

**TITLE OF SEMINAR / WORKSHOP:** \_\_\_\_\_

**LOCATION OF EVENT:** \_\_\_\_\_

\_\_\_\_\_

**DATES OF EVENT:** \_\_\_\_\_

**DEPARTURE DATE:** \_\_\_\_\_

**RETURN DATE:** \_\_\_\_\_

**TRAVEL METHOD:** \_\_\_\_\_  
**(AIRLINE, PRIVATE VEHICLE, COUNTY VEHICLE, RENTAL VEHICLE)**

**PER DIEM ADVANCE REQUESTED: \$** \_\_\_\_\_

Calculate Per Diem Travel Advance from the Maximum Federal Per Diem Rate Table. The Table is located under the Home/Information for Employees tab on the Pulaski County Intranet webpage. For the travel day to the destination and from the destination, locate the destination on the table, multiply the M&IE rate by 75% for each day. For the actual days of the event, calculate 100% of the M&IE rate for each day.

I, \_\_\_\_\_, do hereby certify that the foregoing request is for anticipated expenses in conjunction with the above referenced seminar or workshop.

\_\_\_\_\_  
**Signature**

**APPROVED:** \_\_\_\_\_  
**Elected Official or Department Head**

\_\_\_\_\_  
**Date**