

TRAVEL/TRAINING AUTHORIZATION

Sonoma County Sheriff-Coroner

EMPLOYEE

Name: _____ Employee ID #: _____ Title: _____ Date: _____

Division: _____ Budget: _____ Index/Subobject: _____

TRAVEL

Training Course: _____ Training Dates: _____

Destination: _____ # of OT Hours (taken/backfilled): _____ # of Hours: _____

Departure Date: _____ Approx. Time: _____ Return Date: _____ Approx. Time: _____

Reason for Travel/Training: _____

FOR TRAINING UNIT USE ONLY

POST STC Certification Other: _____ Control Number: _____

Presenter: _____ Contact: _____ Number: _____

Transportation County Car Airlines
 Rental Car Private Car Estimated Miles: _____

Meals	Number	Rate	Estimate	Actual	Paid
A.M.:	_____ X	_____	_____	_____	_____
Noon:	_____ X	_____	_____	_____	_____
P.M.:	_____ X	_____	_____	_____	_____
Full Day:	_____ X	_____	_____	_____	_____
Lodging:	_____ X	_____	_____	_____	_____
	Registration:	_____	_____	_____	_____
	Bridge/Parking:	_____	_____	_____	_____
	Airline:	_____	_____	_____	_____
	Rental Car-GPS:	_____	_____	_____	_____
	Yes <input type="checkbox"/> No <input type="checkbox"/> Rental Car/Other:	_____	_____	_____	_____
	Yes <input type="checkbox"/> No <input type="checkbox"/> Internet Access:	_____	_____	_____	_____
	Total:	_____	_____	_____	_____

NOTES:

Any changes in personnel, dates, or any cancellations must be approved by the supervisor and immediately forwarded to TRAINING and ACCOUNTING in writing.

By signing below, I hereby certify under penalty of perjury that all funds advanced pursuant to this Authorization form shall be used in connection with the identified event, and further certify that I will return any unused funds to the County.

Employee: _____ **Date:** _____

APPROVAL

I hereby certify that the above requested travel is necessary in connection with official County business and that the budgeted funds are available.

Supervisor: _____ **Date:** _____

Department Head or Designee: _____ **Date:** _____

Employee MUST Check & Initial for Advance: _____

Advance Request: 80% meal advance will be issued only upon employee request if received 14 days prior to departure.

Total Advance: _____ **Check Number:** _____ **Rev. Fund or W/C:** _____

FORM INSTRUCTIONS

This form must be completed when authorization for travel or training is required or an advance of funds is necessary. Refer to Department-Wide Policy Manual, Travel/Training Authorization for travel policy, procedure, guidelines and information.

EMPLOYEE

Name: Enter employee's name who will be traveling.
Employee ID #: Enter County ID number.
Title: Enter employee's job class title, e.g., Sgt.
Division: Enter employee's assigned Division, e.g., Law Enforcement, Detention or Administration.
Budget Index: Enter Budget (Index) Number to be charged for expenses associated with trip
Account: Enter Account (Subject) number to be charged, (e.g., 7120 - Training or 7302 - Travel).

TRAVEL

Training Course: Enter name of training school or course attending.
Destination: Enter name of the city or place of destination.
OT Hours: Both your OT hours & all OT hours used to backfill your absence.
Training Dates & Hours: Enter dates of training and total number of training hours.
Departure Date & Time: Enter date and estimated time leaving.
Return Date: Enter date and time returning.
Reason for Training: Enter reason for training.

EXPENSES

Transportation: Check boxes to show mode of travel required.
Meal Allowances: **A.M.:** Depart from assigned worksite/home before 7:00 a.m. to a site outside Sonoma County or when required to be away overnight from normal place of residence/assigned worksite.
Noon: When required to be away from assigned worksite and out of Sonoma county between the hours of 11:00 a.m. and 1:00 p.m.
P.M.: When required to be away from assigned worksite on business outside Sonoma County and returns home after 7:00 p.m. or is required to depart before 5:00 p.m. and be out of Sonoma County and away from home on business overnight.
Full Day: Depart before 7:00 a.m. to site outside Sonoma County and estimated return after 7:00 p.m.
Lodging: Enter number of nights lodging will be required, the rate, and total cost.
Registration: Enter amount.
Bridge/Parking: Enter amount or estimate.
Airline: Enter amount or estimate.
Rental Car/Other: Enter amount or estimate.
Internet Access: Enter amount or estimate.
Total Travel Cost: Enter total of items listed.

TRAVEL/TRAINING AUTHORIZATION AND APPROVAL

Employee signs the form and notifies the supervisor if there is a scheduling conflict.
Obtain the signature of appropriate supervisor and budget manager (i.e. Patrol Captain or Analyst for Patrol).

ADVANCE REQUEST

Employee MUST Check and Initial if an advance is being requested and if submitted 14 days prior to departure. The Accounting Unit will enter the amount of the advance and the check number.