

Travel Policy Exhibit C - Overnight Lodging Request Form

ALEXANDER COUNTY
OVERNIGHT LODGING REQUEST

Revised 1/1/25

County Department Name: _____

Employee Requesting Overnight Lodging: _____

Travel Dates From: _____ To: _____

Purpose of Travel (destination and class/conference/meeting title, etc.): _____

Name of lodging establishment and location (city): _____

Total estimated cost of lodging during the business trip: _____

Is there money in your department's budget to cover costs? Yes _____ No _____

Travel Expense Line item # (Org & Object): _____

Submitted by: _____

Date: _____

Approved by: _____

Date: _____

Department Head (or designee)