

Columbia County
Out-Of-State Travel Authorization Form

EMPLOYEE INFORMATION:

First Name:

Last Name:

Email/Phone:

Department:

Supervisor:

TRAVEL INFORMATION:

Purpose of Travel:

Travel Destination - City/State:

Dates of Travel:

Estimated Costs:

Source of Funds: Budgeted: Yes _____ No _____

Costs Reimbursed by Outside Agency: Yes _____ No _____

AUTHORIZATION:

I approve the travel as indicated and certify that funding is available for the payment of all travel expenses that will be incurred in connection with this travel.

Supervisor Name/Title: _____ Date: _____

Supervisor Signature: _____

**BOARD OF COMMISSIONERS
COLUMBIA COUNTY, OREGON**

Approved: _____ Denied: _____

By: _____

By: _____

By: _____

COMPLETED FORM MUST BE RECEIVED BY BOC OFFICE 30 DAYS PRIOR TO TRAVEL