

**EASTERN PLAINS
COUNCIL OF GOVERNMENTS**

REQUEST FOR TRAVEL

I hereby certify the following request for travel is required in performance of official business of the

_____.

Travlers Name: _____

Email: _____

Phone: _____

Municipality/District Name: _____

Position: _____

Dates of Travel: _____

Event: _____

Estimated Cost: _____

DESTINATION AND PURPOSE:

TRAVELER'S SIGNATURE: _____ DATE: _____

EPCOG OFFICE USE ONLY

BUDGET AVAILABLE: YES NO

APPROVED: _____ DATE: _____
Director Signature

APPROVED: _____ DENIED: _____ DATE: _____