

County Commissioners: Jim Candelaria Kent Lindsay

Gerald Koppenhafer

Board of County Commissioners

109 West Main, Room 302 Cortez, CO 81321 (970) 565-8317 (970) 565-3420 Fax

PER DIEM REQUEST

EMPLOYEE NAME:			
DEPARTMENT:			
DATES OF TRAVEL:			
TRAVEL TO:			
STATE BUSINESS PURPOSE: _			
PLEASE USE <u>WWW.GSA.GOV/</u>	ΓRAVEL.COM	ΓΟ GET CURRENT GSA RATES FOR TH	IE INFO BELOW
CONFERENCE PROVIDES MEAI is allowed for those meals) Please i	LS: YESndicate how man	NO (if provided at compared at the second	conference, no per diem dollars for each meal.
BREAKFAST:	LUNCH:		
DINNER:		ALL DAY:	
TOTAL DOLLAR AMOUNT REQ	UESTED FOR M	MEALS: \$	_
Indicate whether you will need per oper diem prior to traveling you will provided.	diem prior to trav be required to ret	el or after travel. If you are provided meals curn any unused per diem that you did not us	and you receive you se because meals were
PRIOR TO TRAVEL: YES	NO	AFTER TRAVEL: YES	NO
Employee Signature		Date:	
Supervisor Signature		Date:	
Note: Please send your request to a requesting prior to travel.	Administration a	t least 5 (five) working days in advance of	travel if you are
If you choose to request after trave within five days of turning in your		g would you like your check in the normal	County check run or
NORMAL CHECK RUN: YES	NO	FIVE DAYS AFTER RETURN : YE	S NO

Revised: 8/2/2023