



City of Mount Vernon

Travel and Training Request Form

Employee Information

- **Employee Name:** _____
 - **Title:** _____
 - **Department:** _____
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Travel Details

- **Destination (City/State):** _____
 - **Purpose of Travel:** _____
 - **Conference / Training / Meeting Name:** _____
 - **Travel Dates (From – To):** _____
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Travel Justification (Check all that apply)

Please answer the following questions to support the necessity of this travel request:

- **Is this travel a requirement of your job duties?**
 - Yes No
- **Is this travel required to maintain a professional license or certification?**
 - Yes No
 - If yes, specify certification/license: _____
- **Is this travel required as a result of an audit finding or corrective action plan?**
 - Yes No
 - If yes, identify audit or corrective action plan: _____
- **Is this travel funded by an external source or sponsorship?**
 - Yes No
 - If yes, identify funding source: _____
- **Additional Justification (if applicable):**
