

**MANISTEE COUNTY
ADVANCE LODGING/PER DIEM REQUEST**

NAME: _____ DEPT: _____

WHAT IS ADVANCE FOR: _____

WHEN WILL ADVANCE BE USED: _____

WHERE WILL ADVANCE BE USED: _____

DATE OF THIS REQUEST: _____

LODGING REQUEST: _____ NIGHTS @ \$ _____ PER NIGHT = TOTAL REQUEST \$ _____

MAKE LODGING CHECK PAYABLE TO:

PER DIEM REQUEST:

BREAKFAST: _____ @ \$ _____ BREAKFAST TOTAL \$ _____

LUNCH: _____ @ \$ _____ LUNCH TOTAL \$ _____

DINNER: _____ @ \$ _____ DINNER TOTAL \$ _____

TOTAL ADVANCE REQUESTED \$ _____

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

FOR FINANCE OFFICE USE ONLY

ACCOUNT #: _____ AMOUNT: \$ _____

ACCOUNT #: _____ AMOUNT: \$ _____

ACCOUNT #: _____ AMOUNT: \$ _____