

TRAVEL AUTHORIZATION / PER DIEM REQUESTS

DATE OF TRAVEL REQUEST _____ AMOUNT OF TRAVEL ADVANCE REQUESTED \$ _____
 NAME OF EMPLOYEE _____ MAILING ADDRESS _____
 PROGRAM _____ REGION/DISTRICT OFFICE _____
 Mode of Travel Air _____ Personal Auto _____ Other _____ VIA _____
 Date & Time of Departure _____ Date & Time of Return _____
 TRAVEL From _____ To _____

Purpose of Travel (Type of Meeting Attending Person(s) contacted & purpose)

EMPLOYEE SIGNATURE _____ AUTHORIZATION OF PROGRAM DIRECTOR _____
 APPROVED EXECUTIVE DIRECTOR _____ AUTHORIZATION OF REGIONAL DIRECTOR _____

**ORIGINAL COPY WILL BE RETURNED WITH ADVANCE REQUESTED.
 WHEN REQUESTING PER DIEM PAYMENT, PLEASE COMPLETE THE SECTION BELOW AND RETURN TO
 CENTRAL OFFICE.**

PER DIEM PAYMENT

Date and Time of Departure: _____ Date and Time of Return: _____
 If personal auto was used: Odometer readings: _____ beginning _____ ending

NOTE: Receipts must be attached before payment can be made.
IF DATES AND TIMES DIFFER FROM ORIGINAL REQUEST ABOVE, PLEASE EXPLAIN: _____

CERTIFICATION: I certify that I have performed the above listed travel, as indicated on the above request and request reimbursement for the same. I further certify that this request is true and correct, to the best of my knowledge and that I have not received payment therefore.

SIGNATURE OF TRAVELER _____ EXECUTIVE APPROVAL FOR PAYMENT _____

ACCOUNTING USE ONLY BELOW

Per Diem	Total Days _____ @ _____ per day	\$ _____
Airlines Ticket		\$ _____
Mileage	Total Miles _____ @ .32 per mile	\$ _____
Miscellaneous	Taxi, Telephone, etc. authorized	\$ _____
Gross Amount due Traveler		\$ _____
Less Travel Advance Received (if any)		\$ _____
Net Amount due to Traveler		\$ _____