

TRAVEL ADVANCE AUTHORIZATION FORM

Complete this section for ALL requests

Travelers Name _____ Destination-City/State _____
Date(s) of Trip _____ Program to Charge Expenses to _____
Purpose of Trip _____
Mileage _____ miles @ \$0.42 per mile = \$ _____
Allowable M&IE Rate for Destination \$ _____

Complete this section for OVERNIGHT trips only

Maximum Allowable Hotel Rate for this Destination \$ _____
Hotel/Motel Name _____ City Located In _____
Base room rate \$ _____ Plus Tax (if applicable) _____ = Total Rate \$ _____
Total Rate \$ _____ X Number of Nights _____ = Total Room Expense \$ _____
M&IE Rate \$ _____ X Days or Part of Days _____ = Total M&IE Allowance \$ _____

Complete this section for DAY trips only

Expected Departure Time _____ Return Time _____
If Applicable Breakfast \$ _____ Lunch \$ _____ Dinner \$ _____ Total \$ _____

Other Expenses (if applicable) - Please Itemize _____

Total Advance Requested \$ _____ (If you are not requesting an advance put \$0.00. If you are charging all or part of hotel, etc. to a credit card, do not include that amount in advance.)

* You must explain any amounts that exceed the normal rates stated in the personnel policies handbook.

Note: The relevant portion(s) of this form should be completed and approval obtained on all long distance travel even if an advance is not requested. For partial days of travel, involving an overnight stay, the M&IE allowance is prorated. Each 24 hour span is divided into (4) 6-hour quarters. For day trips only use the correct meal rates. You must complete and turn in the proper travel reimbursement forms within 2 weeks (14 days) of returning from travel. Failure to do so could cause the Agency to deduct the funds from your paycheck. By signing this form you agree to these terms.

Employee Signature _____

Approved by: Program Director _____ Date: _____
(signature)

Chief Executive Officer _____ Date: _____
(signature)