**OUT OF AREA TRAVEL APPROVAL REQUEST**

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**INSTRUCTIONS**: Expense for business travel is expected to be reasonable, beneficial to program operations and carefully managed by administration. The traveler or designated staff is responsible for submitting this form and the related agenda to the program and executive directors for prior authorization before registration is submitted or reservations made. After prior approvals obtained, attach this form to your Out of Area Travel Advance Request. Use one form per traveler.

|  |  |
| --- | --- |
| **Date** |       |
| **Traveler’s Name** |       |
| **Program/Job Title** |       |
| **Destination City and State** |       |
| **Purpose of Trip** |       |
| **Departure Date** |       |
| **Return Date** |       |
| **What forms of payment will be accepted by the hotel?**  |       |

**ESTIMATED TRAVEL COST**

|  |  |
| --- | --- |
| **Conference Registration** | $       |
| **Ground Travel****[ ]  Personal or** **[ ]  Company Car** | $       |
| **Airfare** | $       |
| **Baggage Fees** | $       |
| **Shuttle/Taxi** | $       |
| **Rental Car** | $       |
| **Parking** | $       |
| **Lodging/Hotel**  | $       |
| **Food**  | $       |
| **Total Costs** | $       |

Funds are available in budget and training is deemed reasonable and beneficial

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Program Director Approval Date

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Executive Director Approval Date

**OUT OF AREA TRAVEL ADVANCE REQUEST**

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| *Travel Advance Request Due to Accounting Department Ten (10) Days Prior to Travel. YVEDDI’s Dress Code, Code Of Ethics, Employee Behavior And Travel Policies And Procedures Must Be Adhered To On All Business Trips* |

1. **PREPAYMENTS** (*prior to traveling*)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Form of Payment (check or credit card)** | **Amount** | **Name and Address of Payee (if sending check)** |
| **Registration** | [ ]  Check[ ]  Credit Card | $0.00 |       |
| **Airline** | [ ]  Check[ ]  Credit Card | $0.00 |       |
| **Hotel** | [ ]  Check[ ]  Credit Card | $0.00 |       |
|        # NightsActual hotel nightly rate 0.00 x 0.00= $ 0.00Actual hotel nightly rate 0.00 x 0.00= $ 0.00 *(Use 2nd line if hotel rate changes during stay, i.e. different weekend rate)* |

Special Notes or Comments:

***Complete a REQUEST / INVOICE FOR CHECK to Reconcile Each Credit Card Charge***

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1. **GROUND TRAVEL**

Company car? [ ]  Or [ ]  personal car .50 cents x miles 0= $ 0.00

Shuttle/Taxi………………………..……………………………………….… = $ 0.00

Parking……………………………………………………..……………….... = $ 0.00

**Total Ground Travel**…………………………………………………………..……………………..$ 0.00

1. **FOOD**

($42 in state, $49 out of state; one full day of per diem for each night spent out of town; one half of per diem on day of return)

 Rate 0.00x days 0= $ 0.00

 Return day - ½ Rate of 1 day = $ 0.00

**Total Food**………….……………………………………………………………………………..…$ 0.00

**I am requesting a per diem check advance (Ground Travel and Food) in the amount of $** 0.00

**TRAVEL ADVANCE AND RECONCILIATION**

I understand that I must submit a travel claim within 15 days after completion of the trip with remittance of any balance due YVEDDI, and that no future advances will be processed until this advance is cleared. If no travel claim is submitted, I will be liable for the full amount of any travel advance I received, plus any subsequent collection costs, through payroll deductions. I further understand that YVEDDI will not be responsible for personal travel expenses.

**APPROVALS**

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Travelers Signature/Date Program Director/Date

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Executive Director/Date Finance Director/Date