**PRIOR APPROVAL REQUEST FOR OUT OF AREA TRAVEL**

Revised Nov. 2018

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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 to the program and executive directors for prior authorization before registration is submitted or reservations made **with** **attached agenda or training notice**. After prior approvals obtained, attach this form to your Travel Advance Request. Use one form per traveler.

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| --- | --- |
| **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

**TRAVEL ADVANCE REQUEST**

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| ***YVEDDI’s Dress Code, Code of Ethics, Employee Behavior and Travel Policies and Procedures  Must Be Adhered to On All Business Trips***   * Travel Advance Request due to Accounting Department ten (10) days prior to travel * Personal vehicle reimbursement is .50 cents per mile * 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 * Attach all related back-up (agenda or training notification email, class program, hotel or airfare itinerary, MapQuest mileage, etc.) * Within 15 days of return complete a reconciliation of trip, remit receipts except food and any balance due YVEDDI. Complete a REQUEST / INVOICE FOR CHECK to reconcile each credit card charge |

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|  | | **Credit Card** | **Vendor Checks  (*add amount, payee name, and address*)** | **Per Diem Check** |
| **Conference Registration** | | **$** |  |  |
| **Ground Travel:** | | **$** |  |  |
|  | **Personal, or** |
|  | **Company Car** |
| **Airfare** | | **$** |  |  |
| **Baggage Fees** | | **$** |  |  |
| **Shuttle/Taxi** | | **$** |  |  |
| **Rental Car** | | **$** |  |  |
| **Parking** | | **$** |  |  |
| **Lodging/Hotel:** | | **$** |  |  |
|  | **# Nights** |  |  |  |
| **$** | **Rate** | **$** |  |  |
| **Food** | | **$** |  |  |
| **Totals** | | **$** |  |  |

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| **Special Notes:** |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director/Date Finance Director/Date