

# Enrollee Travel Authorization and Advance Request

*Must be submitted to NOWCC thirty (30) days before first day of travel*

I. IDENTIFICATION			
<u>Enrollee Name (Legal Name)</u>	<u>Street Address</u>	<u>Enrollee Office Phone #</u>	<u>Ext. #</u>
<u>Six Digit Project #</u>	<u>City, State &amp; Zip Code</u>	Mail	Direct Deposit
II. PURPOSE OF TRAVEL			
III. ITINERARY			
DATE	FROM (CITY & STATE)	TO (CITY & STATE)	
IV. ESTIMATED COSTS - must be completed			
1. Airline ticket	<u>Purchased by traveler</u>		<u>1</u>
	<u>Direct Billed to NOWCC</u>	\$ <u>          </u>	
2. Car Rental			<u>2</u>
3. Personal Car:	Estimated Number of Miles <u>          </u>	x Allowable Rate Per Mile <u>          </u>	<u>3</u>
4. Other transportation: taxi, limo, shuttle, train, bus			<u>4</u>
5. Lodging & Meals:	a. Per Diem Rate for Lodging <u>          </u>	x number of days <u>          </u>	<u>5a</u>
	b. Lodging Above Per Diem (up to 300%)* <u>          </u>	x number of day <u>          </u>	<u>5b</u>
	c. Hotel Room Taxes <u>          </u>	x number of days <u>          </u>	<u>5c</u>
	d. Per Diem Rate for Meals <u>          </u>	x number of days <u>          </u>	<u>5d</u>
* Letter of justification from the monitor must be attached for lodging expenses up to 300% of Per Diem rate.			
<b>TRAVELER'S ESTIMATED COST (Add lines 1 through 5)</b>			\$ <u>          </u>
V. TRAVEL ADVANCE AMOUNT <small>(Requested advance may be up to 85% of the estimated costs or \$1,000, whichever is less)</small>			
VI. APPROVALS			
<u>Enrollee Signature</u>		<u>Date</u>	
<u>Agency Authorized Signature (Must be signed and dated PRIOR to the travel dates)</u>		<u>Date</u>	
<u>Agency Authorized Signatory Name (Please print)</u>			
Accounting Use Only			
Amount: <u>          </u>	Invoice #: <u>          </u>	Account#: <u>          </u>	
Direct Deposit:      Yes      No			
Acct'g Approval: <u>          </u>	Date <u>          </u>		