

NATIONAL OLDER WORKER CAREER CENTER
ENROLLEE TRAVEL AUTHORIZATION AND ADVANCE REQUEST

1. TRAVELER INFORMATION

ADVANCE MAILED TO

DATE _____

TRAVELER'S NAME _____

STREET ADDRESS _____

PROJECT NO./ STAFF _____

CITY, STATE ZIP CODE _____

11. PURPOSE OF TRAVEL

ITINERARY

DATE	FROM	TO

METHOD OF REIMBURSEMENT

PER DIEM RATES

ACTUAL SUBSISTANCE EXPENSE
(PRIOR APPROVAL, RECEIPTS &
JUSTIFICATION LETTER REQUIRED)

AIRLINE ARRANGEMENTS

MAIL TO TRAVELER _____

THROUGH AMEX _____

REASON FOR EMERGENCY TRAVEL _____

III. REQUEST FOR ADVANCE

ESTIMATED EXPENSE

- AIR LINE TICKET PURCHASED BY TRAVELER \$ _____
- CAR RENTAL \$ _____
- PERSONAL CAR: ESTIMATED NUMBER OF MILES _____ X RATE PER MILE _____ \$ _____
- OTHER TRANSPORTATION: TAXI, LIMO, SHUTTLE, TRAIN, BUS (PLEASE CIRCLE ONE) \$ _____

IV. LODGING AND MEALS

- A PER DIEM RATE FOR LODGING \$ _____ X NUMBER OF DAYS _____ \$ _____
- PER DIEM RATE FOR MEALS \$ _____ X NUMBER OF DAYS _____ \$ _____
- B. (HIGH COST AREAS ONLY)
- ACTUAL DAILY EXPENSE \$ _____ X NUMBER OF DAYS _____ \$ _____

V. ESTIMATED ADVANCE TOTAL

- A. TRAVELERS ESTIMATED EXPENSE COST ((I I + IV A OR B) \$ _____
- B. TRAVEL ADVANCE REQUESTED (SEE PROGRAM ENROLLEE ADVANCE MAY NOT EXCEED 85% OF THE ESTIMATED COSTS) \$ _____

APPROVALS

TRAVELERS SIGNATURE _____ DATE _____

APPROVING OFFICIAL'S SIGNATURE _____ DATE _____

HEADQUARTERS SIGNATURE _____ DATE _____

<p>ACCOUNTING USE ONLY</p> <p>COST CENTER NO. _____</p> <p>ACCOUNT NO. _____</p> <p>ACCOUNT DESCRIPTION _____</p> <p>PROCESS DATE _____ INT. _____</p>
