

BIG FIVE COMMUNITY SERVICES, INC.

OUT-OF-AREA TRAVEL REQUEST

1. To: _____, Immediate Supervisor.
 From _____ Date: _____

2. Depart on or about _____ Return on or about _____
 Leave Req. Enroute _____ Agenda/Mtg Notice Attached _____

3. SPECIFIC PURPOSE OF TRAVEL: _____

4. FROM: (Duty Station) _____
 TO: (Destination) _____

5. MODE OF TRAVEL: Private Owner Vehicle _____ Air _____ Other _____
 Special Instructions: When more than one traveler from or near the same duty station travel to a common destination for the same dates by private owner vehicle, ONLY ONE is authorized to claim mileage reimbursement.

6. COST ESTIMATE:	Expense	Estimated Cost
	Per Diem	\$ _____
	Transportation	\$ _____
	Lodging	\$ _____
_____	Other	\$ _____
Program/Account	Total	\$ _____

7. REQUESTED BY: _____ Date: _____

 Signature

SPECIAL NOTE - Request must be made AND APPROVED prior to travel.

8. APPROVAL:

_____ Date _____ Executive Director _____ Date _____