

RESA 1

Out-of-State Travel Request

Name _____ Date _____

Name of Conference / Meeting _____

Specific Conference Location _____ Phone _____

Conference Beginning Date _____ Ending Date _____

Dates of Requested Travel _____ To _____

Where Will You Stay _____ Phone _____

Method of Travel _____

Specific Reason for Your Attendance _____

Estimated Cost of Travel:

Automobile X \$0.375 per mile _____

Airfare _____

Hotel Per Night _____

Meals (Not to exceed \$39/day) _____

Registration Fees _____

Other Expenses (Specific) _____

Total Estimated Costs _____

Attach a brief outline of the conference purpose and the sessions you will attend. Must be submitted 45 days prior to travel date to allow for Board of Directors approval.

Employee Signature

Approved: _____
Executive Director, RESA-I Date _____

Approved: _____
RESA-I Advisory Council Date _____

Refused: _____
Executive Director, RESA-I Date _____

Reason _____
