TEACH INC
TRAVEL REQUEST / ADVANCE CLAIM FORM

(Attach a copy of the meeting or conference flyer)
(Return all copies of this form to the TEACH Office)

NAME:_____ MEETING CONFERENCE:_____

Other employees attending the same meeting:_____ DATES:_____

ESTIMATED EXPENDITURES: (Totaled ESTIMATE MUST be completed by employee prior to submission to supervisor for approval)

Per Diem: $_____ Registration: $_____

Lodging: $_____ (Office staff will make reservations. **Hotel receipts must be turned in 4 days after return from trip.**)

Transportation: $_____ (_____Estimated Mileage)

Airlines: _____ $_____ Other:_____$_____ APPROX. TOTAL:$_____

FUNDING SOURCE:_____ SUPERVISOR APPROVAL:_____ DATE:_____

DATE OF DEPARTURE:_____ TIME OF DEPARTURE:_____ DATE OF RETURN:_____ EST. TIME OF RETURN:_____

MANDATED MEETING:_____YES _____NO (TRAVEL WILL BE DENIED WITHOUT THIS INFORMATION)

FOR OFFICIAL USE ONLY TRAVEL ADVANCE REQUESTED:

DATE	BREAKFAST $6.00	LUNCH $10.00	DINNER $18.00	TOTAL
TOTAL:				

PROCESS WARRANTS FOR:

REGISTRATION: Vendor #_____ Amount $_____
PER DIEM: Vendor #_____ Amount $_____
HOTEL: Vendor #_____ Amount $_____
HOTEL: Vendor #_____ Amount $_____
OTHER: Vendor #_____ Amount $_____

FOR OFFICIAL USE ONLY

CONF. #_____

LODGING:

MOTEL: _____
Address: _____
_____State:____ Zip:_____ Phone:_____
Date of Arrival:_____ Date of Departure:_____
Rate:_____+ Tax _____%=_____/Night * # of Nights____ = $_____

REGISTRATION:

Name: _____
Address:_____
City:_____ State:_____ Zip:_____

Reimbursement for mileage, parking, & other non-advanced expense will be processed after the trip. Submit an "Expense Reimbursement Form."

Executive Director Approval_____

ACCOUNT CODES:

_____-_____-_____-_____-_____-_____-_____-_____ _____% $_____
_____-_____-_____-_____-_____-_____-_____-_____ _____% $_____
_____-_____-_____-_____-_____-_____-_____-_____ _____% $_____