

**NAFSA Region XI - Travel Request Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regional Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of the Travel Request is to assure that the region is aware of and approves travel that will be charged to the region, and that funds are available for said travel. **This form does not apply to those who have been approved for travel via a regional grant award or for regular regional business such as pre-planned team meetings**. When travel is expected, a Travel Request form should be completed and submitted to the Chair Stream and Treasurer at least two weeks prior to departure. A member of the Chair Stream will review (and approve or question as appropriate) to insure the need for the travel. The Treasurer will review (and approve or question as appropriate) to insure that adequate funds are available.

When booking overnight accommodations, please consult the federal per diem rates as posted by the U.S. General Services Administration by metropolitan area: <http://www.gsa.gov/portal/content/104877>. In general, **lodging rates should not exceed $169/night plus tax.** Travelers agree to make every effort to use discount travel websites to find the most inexpensive rates available in the given area.

Please complete the following with your tentative information:

Dates of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected Expenses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ground Transportation (car rental, mileage @$.54/mile, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ticket (air, rail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lodging: \_\_\_\_\_\_\_\_\_\_\_\_\_

Meals (assume $65/day for budgeting purposes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Expenses (please detail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Denied

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Position:  Chair  Chair Elect  Past Chair

Approved  Denied

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Position: Treasurer

**Please attach a copy of this approved Travel Request Form to the request for reimbursement, along with all necessary receipts.**