

**Community Action of Southeast Iowa**  
**Out-of-Area Travel Authorization**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_  
Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

**Anticipated Costs:** Program Account & Number: \_\_\_\_\_

Registration: Prepaid <input type="checkbox"/>	\$ _____
Room Costs:	\$ _____
Per Diem: _____ Quarters x _____ rate - \$ _____ meals	\$ _____
Public Transportation: Plane <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/>	\$ _____
Mileage: _____ miles x _____ rate per mile	\$ _____
Gas:	\$ _____
Miscellaneous Transportation: (taxi, shuttles, etc.)	\$ _____
<b>Total</b>	<b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

Advance Requested: Yes  No  **Signature of Traveler:** \_\_\_\_\_  
Approved: Yes  No  **Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

T2-3/99

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T2-3/99