



AFSS NORTHERN DIVISION TRAVEL AUTHORIZATION

Name		Today's Date	
Name of Training Class/Conference/Event		Destination (City, State)	
Date of First Day of Travel		Date of Last Day of Travel	
Approved by Executive Board		Budget Account #	
Pre-Approved Budget Expense Y <input type="checkbox"/> N <input type="checkbox"/>			

Description	Vendor	Total Cost \$	ADVANCE PAYMENT			AFTER TRAVEL Actual Cost \$
			Amount	Check	Credit Card	
Registration						
Airfare						
Ground Transportation						
Lodging						
Meal Per Diem	See Worksheet Below					
Mileage						
Other						
Maximum Reimbursement:		\$	\$			\$

Meal Per Diem Worksheet -

	Number of Days	Daily Per Diem	Less Meals Provided	Total
Departure Day	1	45.00		
Full Day		60.00		
Last Day	1	45.00		
Total				

Total Actual Cost After Travel	\$
Less Total off Advance Payments	(\$)
Reimbursement Due to Member	\$

Directions – See Expense Allowance and Travel Reimbursements in SOG:

1. Submit original, itemized receipts for all expenses.
2. Final accounting should be submitted to Treasurer within 30 days of return.
3. Costs will be reimbursed not to exceed amounts pre-approved by the Executive Board.

The undersigned states that the travel claim as set forth above is true and correct and that the amount claimed is justly due.

Signature _____ Treasurer Signature _____