

# WING TRAVEL AUTHORIZATION AND REIMBURSEMENT FORM

NAME		TRAVEL AUTHORIZATION REQ DATE	
ADDRESS		TRAVEL REFUND REQ DATE	
City, State Zip		DATE LEAVING	
EMAIL / PHONE		DATE RETURNING	
		UNIT CHARTER	

LOCATION:		EST MILES	
	<i>[if driving]</i>	ACTUAL MILES	

**PURPOSE:**

ITEMIZED EXPENSES			ESTIMATED	ACTUAL
LODGING (hotel name)		<a href="#">DAYS@</a>		
MEALS	75% per diem first/last 100% other days	<a href="#">Total # Days</a>		
FUEL	(MILES * RATE OR BY RECEIPT)	<a href="#">MILES@</a>		
OTHER				
OTHER				

<b>TRANSPORT BY:</b>	POV		<b>TOTAL</b>	
	COV			
	RENTAL			
	COMMERCIAL			

ADVANCE REQUESTED	[<= 80% OF EXPECTED PER DIEM]	<b>AMOUNT</b>	
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REQUESTOR		SIGNATURE	
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AUTHORIZING NAME	DATE	AUTHORIZING SIGNATURE
<i>Travel is authorized</i>		
<i>Reimb is approved</i>		

**FINANCE COMMITTEE**  
*Request Approval*

Name	Signature	Date

Additional Payment Approval if amount requires it:

Name	Date	Date