

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)		DAYS@		
MEALS	75% per diem first/last 100% other days	Total # Days		
FUEL	(MILES * RATE OR BY RECEIPT)	MILES@		
OTHER				
OTHER				

TRANSPORT BY:	POV		TOTAL	
	COV			
	RENTAL			
	COMMERCIAL			

ADVANCE REQUESTED [\leq 80% OF EXPECTED PER DIEM] **AMOUNT**

REQUESTOR SIGNATURE

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