

HACAP OUT-OF-AREA TRAVEL AUTHORIZATION FORM

Requested for:

Purpose:

Program to be charged:

Line Item # to be charged:

Destination:

Estimated Departure:

Estimated Return:

Date: _____ Time: _____

Date: _____ Time: _____

Estimated Travel Costs

Travel Expense Item	Estimated Cost
Conference/Training Registration Fees	
Meal & Incidental \$55.00/day in IA, out-of-state contact Finance	
Mileage \$0.58.5 per mile	
Lodging If lodging in IA you must choose a certified hotel. Use the following link https://stophtiowa.org/certified-locations Print and attach proof of certified hotel to your Travel Auth.	
Airfare/Train fare	
Taxi fare/Bus fare	
Parking	
Total Estimated Travel Costs	

By signing this form, I certify that I have budget availability in the line item # listed above.

Approved By: _____ Date: _____
Budget Manager

Authorized by Chief Executive Officer or Designee:

Authorized By: _____ Date: _____
Chief Executive Officer

Authorized by Governing Board if traveling beyond Region VII
service area of Iowa, Kansas, Missouri, & Nebraska:

Authorized By: _____ Date: _____
Board of Director President

Attach Travel Cash Disbursement Form and information on Conference/Training.