

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 \$.585 per mile	
Lodging	
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.