HACAP OUT-OF AREA TRAVEL AUTHORIZATION FORM

Requested for: Program to be charged: Destination:				Purpose:		
				Line Item # to be charged:		
Estimate	ed Departure:			Estimated Return		
Date:	-	Time:	Date:		Time:	
		Estimated Travel	l Costs			
Trave		vel Expense Item]	
			ining Registration Fees O/day in IA, out of state contact Finance		1	
	Meal & Incidental \$	55.00/day in IA, out of state co				
Mileag		age \$.585 per mile	\$.585 per mile			
	Lodging					
	Airfare/Train fare					
	Taxi fare/Bus fare					
		Parking				
	Total Estimated Travel Costs			\$ -		
	By signing t Approved By:	his form, I certify that		lget availability in th ^{Manager}	e line item # listed above. Date:	
		Authorized by	Authorized by Chief Executive Officer or Designee:			
	Authorized By:		Chief Execu	itive Officer	Date:	
	Authorized by Gov	verning Board if travel		d Region VII service a raska:	area of lowa, Kansas, Missouri	&
	Authorized By:				Data	

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

Board of Director President