

NORTHEAST SOUTH DAKOTA HEAD START PROGRAM, INC.
REQUEST FOR TRAVEL ADVANCE

NAME _____ POSITION _____

ADDRESS _____ CITY _____ ZIP _____

ESTIMATED DEPARTURE DATE _____ TIME _____

ESTIMATED RETURN DATE _____ TIME _____

POINTS OF TRAVEL _____

BRIEFLY EXPLAIN THE TRIP AND THE NEED FOR THE TRIP _____

ATTACH COPIES OF AGENDAS, ETC.

COMPUTATION OF ADVANCE (FISCAL OFFICE USE ONLY)

ESTIMATED TOTAL COST OF TRIP

PER DIEM _____

AIRFARE _____

MILEAGE _____

OTHER _____

DATE

SIGNATURE OF TRAVELER

DATE

SIGNATURE OF SUPERVISOR

APPROVED FOR PAYMENT

_____ / _____

DATE _____ / CHECK # _____