



**Travel Advance Request
& Authorization**

Name of Traveler	Phone Number
Address of Traveler	
Date of Request	
Program	

Note: Please attach Travel Itinerary and Meeting Agenda to this request

Purpose of Travel and Destination			
Date Travel to Begin	Time Travel to Begin	Date Travel to End	Time Travel to End
Mode of Transportation	<input type="checkbox"/> Air	<input type="checkbox"/> Rail	<input type="checkbox"/> Bus
	<input type="checkbox"/> Privately Owned Vehicle	<input type="checkbox"/> Agency Vehicle	

Estimated Expenses

	# of Days	Estimated Dollar Amount
Meals/Incidentals		\$
Lodging		\$
Taxis and Public Transit		\$
Parking		\$
Rental Vehicle		\$
Other (please list) _____		
TOTAL		\$

A Travel Expense Claim must be submitted within 14 days of returning from your trip. If the trip is cancelled or postponed, the travel advance must be returned within 5 days of cancellation.

If the advance exceeds the expense claim, a check or money order must be attached to the claim to return the excess advance. The check must be made payable to Child Start Inc. Excess amounts may not be applied to subsequent travel.

"I hereby certify that the above travel advance is necessary to defray my anticipated reimbursable expense while traveling on business for Child Start Inc. away from my designated work site.

I understand and agree that this amount may be deducted in full, from any and all funds payable by Child Start Inc., including my salary paychecks, following receipt of the amount requested, should the trip be cancelled or is not acceptably documented."

Traveler's Signature

Title

Print Name

Date

Supervisor Signature

Date

Training Coordinator Signature

Date