

WIA INSTRUCTION LETTER

INSTRUCTION NUMBER: WIA 99-04

SUBJECT: WIA FUNDED TRAVEL

**TO: UPSTATE WORKFORCE INVESTMENT AREA ONE STOP OPERATOR
SATELLITE SITE OPERATORS
ALL WIA FUNDED GRANTEES**

DATE ISSUED: June 12, 2000 DATE EFFECTIVE: Immediately DATE EXPIRES: Indefinite

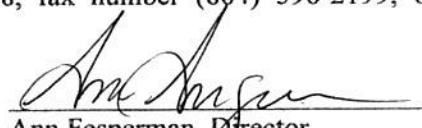
PURPOSE: The purpose of this instruction is to issue a "REQUEST FOR TRAVEL FORM".

BACKGROUND: Periodically, training and conferences are held to which grantee staff may need or want to attend. In an effort to ensure that adequate staff remains on site to continue operations of WIA funded activities and that the training or conference being attended is in the best interest of the Upstate Workforce Investment Area, the WIB office is requiring that all out-of-area travel be approved by the Executive Director of the Workforce Investment Board.

ACTION:

The attached form should be completed and forwarded to the WIB office for approval prior to making any reservations or plans for out-of-area travel. The form must be completed in its entirety to include estimated cost data. Travel not approved will not be paid or reimbursed with WIA funds.

INQUIRIES: Should you have any questions concerning this instruction, please contact Ann Fesperman at telephone number (864) 596-2028, fax number (864) 596-2199, or by email 'fesperma@bellsouth.net'.


Ann Fesperman, Director
Upstate Workforce Investment Board

/attachment

**Copy to: Robert S. Blount, Workforce Investment Board Chair
Lynn Schwartz, Workforce Investment Board Assistant Director**

Source: WIB Office Instruction

UPSTATE WORKFORCE INVESTMENT AREA
REQUEST FOR APPROVAL OF OUT-OF-AREA TRAVEL

☐: Executive Director

Approval for the out-of-area travel of the following person(s) is requested in accordance with WIB policy. Reimbursement of these expenses will be made by the most economical method of travel. Copies of this form must be maintained with grantee financial records.

Name(s)

Title(s)

Conference, training or meeting name: _____

Sponsored By: _____

Beginning & ending dates of conference or meeting: _____

Location: _____

Justification: _____

Total Estimated Cost: \$ _____

Fund Source: _____

NOTE: Reverse side of this form must be completed prior to submittal.

I certify that all estimated costs are accurate and necessary in the performance of the official duties of the employee(s) listed.

Recommended:

Program Director

Date

WIB Executive Director

Date

Action:

Approved _____

Disapproved _____

