

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

TO: Executive Director

Approval for the out-of-area travel of the following person(s) is requested in accordance with UWB 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

UWB Executive Director Date

Action:

Approved _____ Disapproved _____

Please complete the information below and attach a copy of the meeting notification along with a copy of the agenda, if available. Also, attach Registration Form for conference, training or meeting, if applicable.

1. Registration Fee(s): \$ _____
Registration Deadline: _____

2. Estimate of Travel Cost (complete applicable item): \$ _____
Round trip airfare cost: \$ _____
Price quoted by: _____
(Name of travel agency/ Date
other source)

Round trip mileage cost: _____

3. Lodging Cost:
A. Rate per day (include tax): \$ _____
B. Departure Date: _____
C. Return Date: _____

Total Lodging Cost: \$ _____

4. Estimated Meal Cost: \$ _____

5. Miscellaneous Expenses:
(Include airport limousine, UBER, cab fare to and from training
Site, etc.)

Item	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Miscellaneous Expenses: \$ _____

TOTAL ESTIMATED COST: \$ _____

Use this space below to provide an explanation of any unusual circumstances associated with the requested travel. (Be specific, e.g., if Saturday stayover is indicated, provide the estimated dollar amount of savings.)
