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## Prior Authorization for Travel

|  |
| --- |
| ***This authorization must be accompanied by a hard-copy attachment of the per-diem rates applicable. This information is located at*** [***www.gsa.gov/perdiem***](http://www.gsa.gov/perdiem)***. See Advancement guidelines for reimbursable expense policy.*** |

**To:** Choose an item.

**From:** Click here to enter text. **Date:** Click here to enter a date.

| **Travel Information** | | |
| --- | --- | --- |
| **Name of Traveler** | Click here to enter text. | |
| **Purpose of Trip** | Click here to enter text. | |
| **Date(s) of Trip** | Click here to enter text. | |
| **Location** | Enter City/State. | |
| **If you WILL NOT charge expenses to the Foundation, obtain signatures and check this box**  **Enter only expenses that will be charged to the Foundation in the spaces below** | | |
| **Airfare (Southwest pass) - If you are requesting a Southwest voucher please check this box** | | |
| **Airfare (billable)** $Click here to enter text. | | |
| **Local Transportation (parking)** $Click here to enter text. | | |
| **Local Transportation (car rental, taxes, gas, etc.)** $Click here to enter text. | | |
|  | **Per Diem Rate per day**  ***(If applicable)*** | **Total Amount** |
| **Lodging** | $Click here to enter text. | $Click here to enter text. |
| **Meals/Incidentals (first & last day of trip are 75% of Per Diem)** | $Click here to enter text. | $Click here to enter text. |
| **Meals/Incidentals (Per Diem)** | $Click here to enter text. | $Click here to enter text. |
| **Meals with Donors (non Per Diem rate)** $Click here to enter text. | | |
| **Other Charges (Describe)** $Click here to enter text. | | |
| **Registration Fee for Conference/Seminar** $Click here to enter text. | | |
| **Total Anticipated Expense** $Click here to enter text. | | |
| **Remaining Available Foundation Budget** $Click here to enter text. | | |

**Supervisor Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Choose Supervisor.

**Executive Director Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nancy H.Strouse, Executive Director**

**V. P. Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Needed for Exceptions Only) William G. Boldt, Vice President for Advancement**