

OFFICE WORKER TRAVEL REQUEST

FOR SOUTHEASTERN CALIFORNIA CONFERENCE OFFICE WORKERS

OUT OF THE FIELD TRAVEL ONLY. NOT A VACATION REQUEST FORM

Both copies of the form are to be submitted to the president's office 3 weeks before a scheduled trip (or as soon as you are aware of a need to travel outside of the conference). Requests are processed through Administrative Council. The purpose of this form is to create a record of authorized trips for Workman's Compensation Insurance coverage. For emergency travel, contact a conference administrator.

Name: _____

Department: _____

Dates away
from Office: _____

Destination: _____

Trip Purpose: _____

Who Is Responsible
for Expenses? _____

| | | | |
|------------|-------|---------|-------|
| Airfare | _____ | Lodging | _____ |
| Car Rental | _____ | Mileage | _____ |
| Per Diem | _____ | Other | _____ |
| Workshop | _____ | Total | _____ |

Account Number to be charged: _____ - _____ - _____ - _____

Request is within my existing approved budget: Yes _____ No _____

Department Authorization: _____ Date: _____

Approved by Administrative Council: _____ Date: _____