

South Central Child Development, Inc.
Travel Request and Authorization
 (This form **will not** be processed unless all bolded information is filled in.)

Name and Complete Address of Traveler _____
Date

Purpose of Travel _____
Date

Places to be Visited

Departure: Date and Time _____
Return: Date and Time

Mode of Transportation – Agency Vehicle/Private Vehicle

_____ Air _____ Rail _____ Bus _____ Privately owned Auto
 Rate per mile _____

.....
Remarks

Expense	Estimated Cost	Accounting Classification
Per Diem Allowances	_____	Program Account No. _____
Carrier Transportation	_____	_____
Other	_____	Advance
Total	_____	Check No _____ charged to
Amt of Advance Authorized	_____	travel advance Account # _____

.....
 I understand that I am responsible to the agency for the above-approved travel advances. I agree to allow it to be deducted from any funds owed me for travel from salary if travel is not completed or is not documented within (five) 5 working days.

Traveler's Signature _____
Title

Travel and advance authorized by:

Signature (Dr. Tamra Hummel) Title: Executive Director _____
Date