



LAKE REGION CONFERENCE OF SDA Travel Authorization Request

Name: _____ Date: _____

Note: Salaried Directors- use this request for all travel not covered by the monthly travel allowance. Submit it to the Conference Treasurer for Administrative Council approval before any travel arrangements are made. For reimbursement, a copy of the approved request must be attached to the Monthly Report.

Meeting/Event: _____

Date: _____ City: _____ State _____

Reason for request to attend/participate:

Approximate costs:

Travel (airfare or mileage) _____

Estimated lodging _____

Estimated per diem _____

Registration Fees _____

Car rental _____

TOTAL _____

Administrative (ADCOM) Response: Approved Unapproved

Reason: _____ Date _____