

Enrollee Travel Authorization and Advance Request

Must be submitted to NOWCC thirty (30) days before first day of travel

I. IDENTIFICATION

Enrollee Name _____ Street Address _____ Enrollee Office Phone # _____ Ext. # _____
 Six Digit Project # _____ City, State & Zip Code _____ Mail _____ Direct Deposit _____

II. PURPOSE OF TRAVEL

III. ITINERARY

DATE	FROM (CITY & STATE)	TO (CITY & STATE)

IV. ESTIMATED COSTS - must be completed

1. Airline ticket	<u>Purchased by traveler</u>		<u>1</u>
	<u>Direct Billed to NOWCC</u>	\$ _____	
2. Car Rental			<u>2</u>
3. Personal Car:	Estimated Number of Miles _____	x Allowable Rate Per Mile _____	<u>3</u>
4. Other transportation: taxi, limo, shuttle, train, bus			<u>4</u>
5. Lodging & Meals:	a. Per Diem Rate for Lodging _____	x number of days _____	<u>5a</u>
	b. Lodging Above Per Diem (up to 300%)* _____	x number of day _____	<u>5b</u>
	c. Hotel Room Taxes _____	x number of days _____	<u>5c</u>
	d. Per Diem Rate for Meals _____	x number of days _____	<u>5d</u>

* Letter of justification from the monitor must be attached for lodging expenses up to 300% of Per Diem rate.

TRAVELER'S ESTIMATED COST (Add lines 1 through 5) \$ _____

V. TRAVEL ADVANCE AMOUNT *(Requested advance may be up to 85% of the estimated costs or \$1,000, whichever is less)*

VI. APPROVALS

Enrollee Signature _____ Date _____

Agency Authorized Signature *(Must be signed and dated PRIOR to the travel dates)* _____ Date _____

Agency Authorized Signatory Name (Please print) _____

Accounting Use Only

Amount: _____ Invoice #: _____ Account#: _____

Direct Deposit: Yes No

Acct'g Approval: _____ Date _____