

TRIP APPROVAL

NAME: _____

PROGRAM/FUNDING SOURCE: _____

CONFERENCE TITLE: _____

DESTINATION: _____ VEHICLE: PERS/TRIBAL _____

DATE OF DEPARTURE: _____ TIME OF DEPARTURE: _____

DATE OF RETURN: _____ TIME OF RETURN: _____

____ I understand this trip approval is preliminary, and if circumstances warrant, this trip may be cancelled. Only refundable expenses will be booked prior to 60 days to this travel. Any exceptions are on a case by case basis.

BRIEF DESCRIPTION OF TRIP:

JUSTIFICATION OF TRIP:

HOTEL PAID BY: AIRFARE PAID BY:

WTN ___ OTHER AGENCY ___ EMPLOYEE ___

WTN ___ OTHER AGENCY ___ EMPLOYEE ___

NAME OF AGENCY: _____ PHONE NUMBER: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____