



TRAVEL AUTHORIZATION AND TRAINING REGISTRATION

NAME:		Beacon ID#:	WORK TELEPHONE NUMBER:
HOME ADDRESS:		WORK ADDRESS:	
DATE OF REQUEST:	PERIOD BEGINNING:	PERIOD ENDING:	
TRAVEL FROM:	TRAVEL TO:	BUDGET ACCOUNT:	
TITLE AND PURPOSE OF TRIP:			

ESTIMATED EXPENSES:

SUBSISTENCE:	IN-STATE # of times	OUT-OF-STATE # of times
Breakfast \$ 8.30	_____	Breakfast \$ 8.30
Lunch \$ 10.90	_____	Lunch \$ 10.90
Dinner \$ 18.70	_____	Dinner \$ 21.30
Lodging \$ 67.30	_____	Lodging \$ 79.50
Excess Lodging \$ _____	_____	Excess Lodging \$ _____

TOTAL SUBSISTENCE:

REGISTRATION:

Registration Fee: \$ _____

Excess Registration Fee: \$ _____

Advance Registration Check Issued to: _____

Address: _____

MODE OF TRAVEL:

State Vehicle Private Auto Air \$ _____

_____ Miles @ _____

TOTAL ESTIMATED EXPENSES:

Advance Requested YES NO \$ _____

ALL REIMBURSEMENT REQUESTS MUST CONFORM WITH STATE BUDGET MANUAL SECTION 5.9.			
Employee:	Date:	Budget Officer, DSB	Date:
Supervisor:	Date:	Director, Division of Services for the Blind	Date: