



WACCAMAW ECONOMIC OPPORTUNITY COUNCIL, INC
1261 HWY 501E, SUITE B
CONWAY, SOUTH CAROLINA
REQUEST AND AUTHORIZATION FOR OUT-OF-AREA TRAVEL



NAME: _____ **DATE:** _____

PURPOSE OF TRAVEL: (DOCUMENTATION MUST BE ATTACHED)

ITINERARY:

BEGIN: (DATE AND TIME) _____ **END:** (DATE AND TIME) _____

MODE OF TRANSPORTATION:

_____ **AGENCY VEHICLE** _____ **PRIVATELY OWNED VEHICLE** _____ **OTHER**

ESTIMATED PER DIEM ALLOWANCE CALCULATION: (Conference agenda and GSA Meals & Incidental Expense Breakdown must be attached).

	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Breakfast						
Lunch						
Dinner						
Incidentals @ \$1/meal						
Total						

COST ESTIMATE

EXPENSE	ESTIMATED COST:
AUTO TRANSPORTATION	_____
PER DIEM ALLOWANCE	_____
OTHER	_____
TOTAL	_____

TRAVEL ADVANCE REQUESTED: _____ **YES** _____ **NO**

REQUESTED BY _____ DATE _____

APPROVED BY PROGRAM DIRECTOR _____ DATE _____

APPROVED BY EXECUTIVE DIRECTOR _____ DATE _____