

AUTHORIZATION TO TRAVEL
East Georgia Housing Authority Partners

Name: _____ Department: _____

Trip Date(s): _____ Purpose of Trip: _____

City & State: _____ Hotel Address: _____

Accompanied By: _____

I hereby request authority for travel on official Authority business to the destination on the dates and for the purposes indicated below.

Signature: _____ Date Signed: _____

Total Estimated Cost of Travel: _____

SPECIAL FUNDING REQUEST

Registration Prepayment (Include Registration Form): _____

Prepaid Airline Ticket (Include Preferred Flight Info): _____

Travel Advance of \$: _____

APPROVAL

Please note: Approval of travel requests by the signatory below indicates that adequate funding is provided and has been appropriated by the Board of Commissioners to cover the estimated cost of this travel.

Supervisor

Executive Director

Date

Date

AUTHORIZATION TO TRAVEL
East Georgia Housing Authority Partners
 Statement of Expenses Claimed While Traveling on Authority Business

Name: _____ Address: _____

Last 4 of Social: _____

Amount to Pay: _____ City/State/Zip: _____

Purpose of Trip: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

						FINANCE DEPARTMENT ONLY
Date	Where Incurred	Lodging	Transportation	Other Expenses	Total	Check # or Credit Card Statement

MEALS						FINANCE DEPARTMENT		
Date	Breakfast	Lunch	Dinner	Incidentals	Total	Per Diem	Actual	Check # or Credit Card Statement

I certify the above stated expenses were incurred by me while traveling on authority business.	Approved: _____	Supervisor	Date
	Approved: _____	Executive Director	Date
Signature & Title _____	Date _____		