Alaska Wing Civil Air Patrol

TRAVEL AUTHORIZATION

Financial Management

Date: _____

Name: _____

Department: _____

Destination: _____

Dates of Official Travel: **From** _____ **to** _____

Reason for Travel: _____

Expenses:

Actual Lodging Rate	$ _____	**x**	**No. Nights**	_____	=	$ 0.00
Meals Rate	$ _____	**x**	**No. Days**	_____	=	0.00
Fuel						_____
Cab						_____
Parking						_____
Registration						_____
_____						_____
_____						_____
_____						_____

Estimated Travel Cost $ 0.00

I am requesting finance committee approval to travel for the above reason and estimated amount. I agree to file a CAP Travel Voucher **within twenty (20) days of completed travel.** I understand I am not authorized to be reimbursed any expenses without **finance committee approval** prior to travel.

Signature of Requestor: _____

I certify that the above named individual is needed to travel for the benefit Alaska Wing Civil Air Patrol and hereby request the **wing finance committee** fund this travel.

Signature of Director (or in his/her absence, Designee): _____