|  |
| --- |
| **Travel Reimbursement/Non Employee.** |
|
|  |  |  |  |  |  |  |  |  |  |  |  |
| NAME OF PERSON TRAVELING:  |   |
|  |  |  |  |  |  |  |  |  |  |  |  |
| NAME OF ACTIVITY: |   |
|  |  |  |  |  |  |  |  |  |  |  |  |
| PRESENTER: |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| DATE(S) AND LOCATION: |   |
|  |  |  |  |  |  |  |  |  |  |  |  |
| HOTEL: |   |  | CELL PHONE NUMBER: |   |
|  |  |  |  |  |  |  |  |  |  |  |  |
| TRAVEL TO DATE & TIME: |  |   |
|  |  |  |  |  |   |   |   |   |   |   |   |
| TRAVEL FROM DATE & TIME:  |   |
|  |  |  |  |  |  |  |  |  |  |  |  |
| RATIONAL FOR Travel: (A brief narrative indicating the justification for travel reimbursement) |
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| **PARTICIPATION COST** |
| Estimation of cost to NAESC including registration, lodging, meals, etc., and the account from which to be paid. |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Brief Explanation** |
| Registration Fee: | $0.00 |  |   |
| Lodging Fee: |  | $0.00 |  |   |
| Mileage: |  |  | $0.00 |  |   |
| Miscellaneous: | $0.00 |  |   |
| Meals: |  |  | $0.00 |  |   |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Total Estimated Cost: | $0.00 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| # of Meals Provided by Event: |   |  |  | **MAXIMUM MEAL ALLOWANCE $32.00/day** |
| Breakfast |   |  |  |  |  |  | Travel Days: 75% of $32.00 = $24.00 |
| Lunch |   |  |  |  |  |  |  |  |  |  |  |
| Dinner |   |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **SIGNATURES & APPROVAL** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Traveler Signature |  | Date |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| NAESC Signature |  | Date |  | Approved |  | Disapproved |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **NOTE: AN APPROVED COPY OF THIS FORM MUST BE ATTACHED TO TR1 FORM BEFORE ANY REIMBURSEMENT FOR TRAVEL WILL BE MADE. BY SIGNING, YOU AGREE TO FOLLOW THE TRAVEL POLICIES SET BY NAESC.** |
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|  |  |  |  |  |  |  |  |  |  |  |  |