

## Enrollee Travel Authorization and Advance Request

Must be submitted to NOWCC thirty (30) days before first day of travel

I. IDENTIFICATION			
<hr/> Enrollee Name	<hr/> Street Address	<hr/> Enrollee Office Phone #	<hr/> Ext. #
<hr/> Six Digit Project #	<hr/> City, State & Zip Code	<input type="checkbox"/> Mail	<input type="checkbox"/> Direct Deposit
II. PURPOSE OF TRAVEL			
III. ITINERARY			
DATE	FROM (CITY & STATE)	TO (CITY & STATE)	
IV. ESTIMATED COSTS - must be completed			
1. Airline ticket	<input type="checkbox"/> Purchased by traveler		<b>1</b>
	<input type="checkbox"/> Direct Billed to NOWCC	\$ _____	
2. Car Rental			<b>2</b>
3. Personal Car:	Estimated Number of Miles _____	x Allowable Rate Per Mile \$ _____	<b>3</b>
4. Other transportation: taxi, limo, shuttle, train, bus			<b>4</b>
5. Lodging & Meals:	a. Per Diem Rate for Lodging	\$ _____ x number of days _____	<b>5a</b>
	b. Lodging Above Per Diem (up to 300%)*	\$ _____ x number of days _____	<b>5b</b>
	c. Hotel Room Taxes	\$ _____ x number of days _____	<b>5c</b>
	d. Per Diem Rate for Meals	\$ _____ x number of days _____	<b>5d</b>
* Letter of justification from the monitor must be attached for lodging expenses up to 150% of Per Diem rate.			
<b>TRAVELER'S ESTIMATED COST (Add lines 1 through 5)</b>			<b>\$ _____</b>
V. TRAVEL ADVANCE AMOUNT (Requested advance may be up to 85% of the estimated costs or \$1,000, whichever is less)			
VI. APPROVALS			
<hr/> Enrollee Signature		<hr/> Date	
<hr/> Agency Authorized Signature (Must be signed and dated PRIOR to the travel dates)		<hr/> Date	
<hr/> Agency Authorized Signatory Name (Please print)			
Accounting Use Only			
Amount: _____	Invoice #: _____	Account #: _____	
Direct Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Acct'g Approval: _____	Date: _____		