



PRE-TRAVEL CONFERENCE REQUEST FORM

In accordance with Board Bylaw 1162, this form must be completed prior to having expenses paid by or receiving reimbursement from NC RESA for conference travel.

Name: _____ Date: _____

Name of Conference/Meeting: _____

Date(s): _____ Place: _____
City/State

ESTIMATED EXPENSES

Registration Fee: \$ _____

Estimated Mileage: _____ \$ _____
(paid at approved IRS rate)

Lodging: \$ _____

Meals: \$ _____

Airfare: \$ _____

Car Rental: \$ _____

Other (include explanation): \$ _____

TOTAL ESTIMATE: \$ _____

Request submitted by: _____

Request approved by: _____

Account Number: _____

NOTE: If available, please attach a copy of the program or announcement of the conference.