TRAVEL REQUEST FORM

Directions: The Travel Request form must be submitted at least eight (8) weeks prior to the conference start date to allow sufficient time for review and approval. Requests submitted after this deadline will not be approved. Please complete all applicable sections and attach all supporting documentation (Conference agenda and registration quote, flight quote, hotel quote, etc.). If approved, you can proceed with booking conference and flight/hotel, when applicable. Please refer to the Prevention Manual for allowable costs for each section.

TRAVELER INFORMATION			
Agency/SPA:			
Attendee Name:		**Job Title:**	
Phone Number:		**Email Address:**	
Dates of Travel:	From:	To:	

PURPOSE AND JUSTIFICATION OF TRIP:	
Conference Title:	
Link to Conference:	
Conference Overview:	
Justification for attendance and benefit to the Prevention program:	

ACCOMODATION AND TRANSPORT

Hotel Needed?	Yes ☐ No ☐	**Required quote attached?**	Yes ☐ No ☐
Justification:			
Airfare Needed?	Yes ☐ No ☐	**Required quote attached?**	Yes ☐ No ☐
Justification:			
Are meals provided by conference? *	Yes ☐ No ☐	**Which meals?**	Breakfast ☐ Lunch ☐ Dinner ☐

***If a meal is provided by the conference, you cannot claim the per diem for that meal. If a meal is NOT provided, refer to the table below for the applicable per diem rate.**

Using table below, mark which per diem rate is being requested.	Breakfast ☐ Lunch ☐ Dinner ☐

Meal(s)	Travel Begins	Travel Ends
Breakfast Only	6:00 a.m. or earlier	10:00 a.m. or later
Breakfast and Lunch	6:00 a.m. or earlier	1:00 p.m. or later
Breakfast, Lunch, and Dinner	6:00 a.m. or earlier	7:00 p.m. or later
Lunch Only	11:00 a.m. or earlier	3:00 p.m. or later
Lunch and Dinner Only	11:00 a.m. or earlier	7:00 p.m. or later
Dinner Only	5:00 p.m. or earlier	7:00 p.m. or later[1]

[1] **Travel must extend for a minimum of 4 hours during the normal working day.**

AGENCY APPROVAL

Attestation:	By signing below, I certify the information provided is accurate and that these travel expenses are necessary for official business that benefits the Prevention program. I understand that reimbursement is subject to the submission of the required receipts following travel.		
Program Director's Printed Name:		**Signature:**	
Attendee Printed Name:		**Signature:**	

Approval Notification – For SAPC Use Only

Prevention Specialist Name:		**Signature:**	
Additional Requirements for Approval:			
Approved Date:			