

# WESTERN ARIZONA COUNCIL OF GOVERNMENTS

## PRE TRAVEL

### REQUEST AND AUTHORIZATION

PR \_\_\_\_\_

<b>DEPARTMENT/ PROGRAM/ HS CENTER</b>
<b>Title/Position:</b>
If applicable- enter designated funding source/program to pay travel costs:

<b>Name: LAST, FIRST (Please Print or Type)</b>
<b>Mailing Address:</b>
<b>City/State/Zip Code:</b>

<b>PURPOSE OF TRAVEL</b> (Attach meeting notice or conference information if applicable)

Date	Time	From	Date	Time	Destination

Date Travel will begin \_\_\_\_\_

Date Travel will end \_\_\_\_\_

<b>Other Costs Associated with this Travel</b>			For Accounting
Not included in Travel advance check request.			Dept. Use
Item	Amount	Vendor Name	Ck#
Registration	_____	_____	
Airfare	_____	_____	
Vehicle Rental	_____	_____	
Hotel	_____	_____	
Travel Advance	_____	_____	
TOTAL	=====		

<b>ESTIMATED EXPENSES</b>	
Per Diem _____	Quarters @ \$9.00 _____
(If Agency Vehicle unavailable) _____ miles @ _____ per mi	_____
Gas (Agency Vehicle)	_____
* MEALS (if no per diem requested)	_____
HOTEL	_____
AIRFARE	_____
OTHER	_____
OTHER	_____
<b>TOTAL ADVANCE</b>	_____

\*Deduct if meals are furnished

<b>TRANSPORTATION (Check the appropriate box)</b>		
<input type="checkbox"/> Air	<input type="checkbox"/> Agency Vehicle	<input type="checkbox"/> Other
<input type="checkbox"/> Bus	<input type="checkbox"/> Privately owned Vehicle	
<input type="checkbox"/> Rental Car <input type="checkbox"/> Will Ride with _____		

I Agree to submit my completed Post Travel Voucher with all supporting documentation, within **10 working days** of completion of travel.  
I Authorize WACOG Finance Dept. to deduct from my regular salary and/or accrued vacation pay any unsettled travel voucher exceeding the 10 day requirement.

\_\_\_\_\_  
**REQUESTED BY**  
\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APPROVED BY**  
\_\_\_\_\_  
**DATE**

