Travel Authorization Request

Name:	Date:
Submit it to the Conference Execut	not covered by the monthly travel allowance. ive Secretary for Administrative Council ments are made. For reimbursement, a copy tached to the Monthly Report.
Meeting/Event:	
Date:	
City:	State
Sponsor (Pacific Union Conference	e, General Conference, seminar company, etc.)
Reason for request to attend/partic	ipate:
Approximate costs: Travel (airfare or mileage) Estimated lodging Estimated per diem Fees Car rental	