DANE COUNTY PARENT COUNCIL, INC

OUT OF AREA TRAVEL AUTHORIZATION

TRAVEL INFORMATION

Name	Date
Purpose of Travel	Destination
Begin Date and Time	End Date and Time

ADVANCEMENT CALCULATION

MEAL & INCIDENTALS: Date	Per Diem Rate (includes meals, taxis, shuttles, tips, tolls)			Allowable Costs
				0.00
HOTEL: Name and Location		**Turn In Receipt**		
TRANSPORTATION (circle one) PLANE VAN RR BUS AUTO 0.33 To/From Madison/ miles rt x rate				
MISCELLANEOUS EXPENSES: (itemize)				

TOTAL PAYMENT $0.00

AMOUNT TO RECONCILE $0.00

AUTHORIZATION

NOTE TO TRAVELER: By signing, you are authorizing the deduction from your pay check if advance is not reconciled within one (1) week from the end date of travel.	Traveler Signature	Date
	Executive Director Signature Marcia Huemoeller	Date