FORM PAY006 - PRE-APPROVED TRAVEL/TRAVEL EXPENSE (OVERNIGHT)

AME:									
		FUND	ORG	DEPT	PROG	LOC	ID#	(GL
	TO BE CHARG								· · · · · · · · · · · · · · · · · · ·
URPOSE:							· · · · · · · · · · · · · · · · · · ·		_
ESTINATIO	ON:								_
EPARTME	NT:								
KPECTED	DEPART DAT	E:	TIME:						
(PECTED	RETURN DAT	ΓE:	TIME	:					
ODE OF T	RAVEL (Circle	e all that apply)	Personal V	ehicle	Agency V	ehicle	Airp	olane	
ATE ADVA	NCED NEED!	ED:							
RANSPOR			-		Check h	ere if adv	zance rec	uuested &	completed
		OTHER: \$		_	Check i	iere ii au	varioe rec	juesteu &	completed
TAL AD	ANCE: \$								
									
ITHORIZING GNATURES:									
	(Traveler Sig	gnature)		(Date)					
	(Supervisor)			(Date)					
	(Executive D	Director)		(Date)					
pense Stater									
OMPLETE Depart	UPON RETU Depart	RN - Attach rece Return	ipts for reim	bursement Lodging	Meals &	2	Taxi	Other	Total
Date	Time	Date	Time	Loughig	Incidenta	ıls Ai	r Fare, Etc.	Other	Total
			Totals						
			Totals						
ANSPORTA	TION BY COMMO	ON CARRIER, IF NO	T PREPAID B	Y OFFICE					
ansportati	on by traveler's	s carMIL				_			
	IDITURES CLAIM	IED IOUNTS CLAIMED A		MENTS ADE T		DDECT TO	THE BES	T OE MV KN	
		DUNT \$							
URCE.		AGENCY):							
AVELER SIG	SNATURE					DATE			
PERVISOR	SIGNATURE					DATE			