



# ITBC STAFF TRAVEL ADVANCE REQUISITION REQUEST

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

- Workshop Trainer
- Attend Educational Seminar/Training
- Technical Assistance / Grant Objectives (Identify)
- Board travel / Committee Travel
- Other – please explain \_\_\_\_\_

Destination: Traveling From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Time of Departure: \_\_\_\_\_ AM / PM

Date of Return: \_\_\_\_\_ Time of Return: \_\_\_\_\_ AM / PM

Is there any cost sharing in this engagement to off set ITBC costs, etc.? Yes \_\_\_ No \_\_\_

Mode of Travel:

- Driving
- Rental Car
- Air Travel
- Other \_\_\_\_\_

**Computation for Per Diem:** Maximum Allowable Daily Per Diem Rate: \$ \_\_\_\_\_ / \$ \_\_\_\_\_ per quarter

Day 1: \_\_\_ qtrs. Day 2: \_\_\_ qtrs. Day 3: \_\_\_ qtrs. Day 4: \_\_\_ qtrs. Day 5: \_\_\_ qtrs. Day 6: \_\_\_ qtrs. Day 7: \_\_\_ qtrs.

Day 8: \_\_\_ qtrs. Day 9: \_\_\_ qtrs. Day 10: \_\_\_ qtrs. Total Quarters: \_\_\_\_\_ x \$ \_\_\_\_\_ / quarter = \$ \_\_\_\_\_

**Computation For Mileage:** Estimated Mileage for Travel: \_\_\_\_\_ x \$ 0.575 = Mileage Advance Requested: \$ \_\_\_\_\_

*Please keep track of odometer reading at beginning and end of trip and include on travel reconciliation report.*

### ADVANCE REQUEST

Mileage: _____ Miles x .54	\$ _____
Per Diem: _____ Quarters X \$ _____ per quarter	\$ _____
* Taxi: _____	\$ _____
* Parking _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
<b>TOTAL EXPENSES REQUESTED</b>	<b>\$ _____</b>

*I certify that all information listed is correct.*

Signed: \_\_\_\_\_  
Traveler

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
ITBC Executive Director

Date: \_\_\_\_\_

**\*ACTUAL RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT**

**CERTIFICATION:** In utilizing ITBC vehicle for travel I hereby certify that the ITBC vehicle will be used for OFFICIAL BUSINESS ONLY. I further certify that I have a valid South Dakota driver's license and will inform ITBC of any restrictions that may apply prior to utilizing ITBC vehicle.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL RELEVANT SUPPORTING DOCUMENTATION (Required)**

- Invite letter
- Meeting Agenda
- Email communication / Fax communication
- Other: \_\_\_\_\_
- Directive from Executive Committee Member, Supervisor, Executive Director or designee Other

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Charged To: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_