

**ROTARY INTERNATIONAL DISTRICT 5830
REQUEST FOR AUTHORIZATION TO INCUR TRAVEL COSTS**

Must be completed and approved prior to trip.

(This form is not to be used by the DG, DGE, DGN OR DGND as the district budget specifies their authorized travel.)

ESTIMATED TRAVEL COSTS

Name:	<input type="text"/>	Date:	<input type="text"/>
Travel dates (inclusive)	<input type="text"/>		
Destination	<input type="text"/>		
Purpose of Travel	<input type="text"/>		
Total Mileage	<input type="text"/>	0.535	<input type="text" value="-"/>
Air Fare	<input type="text"/>		<input type="text"/>
Hotel/Motel	<input type="text"/>		<input type="text"/>
Meals	<input type="text"/>		<input type="text"/>
Registration Fees Paid To	<input type="text"/>		<input type="text"/>
Other Travel Expenses			
- Taxi	<input type="text"/>		<input type="text"/>
- Parking	<input type="text"/>		<input type="text"/>
- Tolls	<input type="text"/>		<input type="text"/>
- Other	<input type="text"/>		<input type="text"/>
- Other	<input type="text"/>		<input type="text"/>
TOTAL ESTIMATED TRAVEL COSTS			<input type="text" value="-"/>

APPROVALS

Finance Committee Chair	<input type="text"/>	Date	<input type="text"/>
District Governor	<input type="text"/>	Date	<input type="text"/>