



TO:

FROM:

CC: CECs, DEDs, PDCs, Extension Specialist Contact

DATE:

You are authorized to attend the following out-of-state event:

Event Name:	
Date:	
Location (City, State):	
Time:	Travel Dates:
Volunteer(s) Authorized to attend:	
Role of the Screened Volunteer(s) working with Youth:	<input type="checkbox"/> Group Chaperone <input type="checkbox"/> Driver <input type="checkbox"/> Coach Other: _____
Extension Specialist Contact:	

Expense Authorization: Check all that apply	
Mileage @ current rate [\$___/mile Non carpool: \$___/mile]	
Meals-	
Lodging-	
Registration-	
Max Amount – Not to exceed:	\$_____

Funded by:

1/2017