

TRAVEL APPROVAL REQUEST FORM

Employee Requesting Travel Kevin Ahern, RN, PHN, Immunization Coordinator		Dates	Location and Nature of Meeting New Orleans Ernest N. Morial Convention Center, New Orleans, LA: "IDWeek 2016" conference, Infectious Diseases Society of America		
		10/25/16 to 10/30/16			
ls trave	el required per agreement/contra	ct? Please attach co	py of excerpt page from a	greement/contract.	
ESTIMATED COSTS:		Budget l	Jnit:	Public Health	
Registration:	\$895.00	Please Attach (if applicable) X Completed Registration Form/Call to Meeting/Call to Training			
Mileage:	\$11.66		(\$895.00 until July 29, 2016; \$945.00 thereafter) X Co. vehicle approval form or if vehicle not available map w/mileage (Home to airport and return: 21.6 miles at \$0.54/mile) X Hotel confirmation with total and confirmation number (5 nightsestimate) X Approx. cost or if over night, per diem cost (GSA FY 15-16 rate for New Orleans: \$64 for 6 days) X Written Quote		
Lodging:	\$1,170.00				
Meals:	\$384.00				
Airfare:	\$477.20				
Other:	\$40.00	(Subject to		en final reservation is made.)	
TOTAL:	\$2,977.86 ← — Auto Add			Fiscal Approval	
Employee Signatu	re D	Oate Superviso	or Signature	Date	
Employee Signatu		Pate Superviso	or Signature	Date	