

South Florida Veterans Affairs Foundation
For Research and Education, Inc.

1201 N.W. 16 Street, Miami, FL 33125
phone: (305) 575-3179 fax: (305) 575-3126

Date:

From:

Subj: Request for Travel

To: Executive Director

1. Name: _____
2. Social Security Number: _____
3. Position: _____
4. Home Address: _____
5. Home Telephone: _____ Work Ext: _____
6. Place of Travel: _____
7. Dates of Travel: _____
8. Title/Description of Meeting/Course: _____

Estimated Cost:

Common Carrier air fare: _____

Per Diem Rate: _____ days at _____ per day = \$ _____

Tuition/Registration Fee: _____

Amount of Ground Transportation Authorized: \$ _____

Total of Estimated Costs: \$ _____

(Give flight information that travel would like, if possible, aisle or window seat)

9. Flight Information:
Leave: _____
Return: _____
10. Account money is to be drawn from: _____
11. Additional Remarks: _____

Traveler's Signature

Requesting Supervisor's Signature

Executive Director
South Florida Veterans Affairs Foundation
for Research and Education, Inc.