



South Florida Veterans Affairs  
Foundation for Research and Education, Inc.  
[www.sfvafre.org](http://www.sfvafre.org)

1201 NW 16 STREET MIAMI, FL 33125 PHONE (305) 575-7000 X 4495 FAX: (305) 575-3126

REQUEST FOR TRAVEL

Today's Date: \_\_\_\_\_

Name of Traveler: \_\_\_\_\_ DOB: \_\_\_\_\_ (For Flight RSVP)

Position Title: \_\_\_\_\_

Home Address \_\_\_\_\_

Email: \_\_\_\_\_ Phone or Ext No: \_\_\_\_\_

Name/Description of Meeting/Course: \_\_\_\_\_

Dates of Meeting: \_\_\_\_\_ Location: \_\_\_\_\_

**Estimated Costs:**

Tuition/Registration Amount: \$ \_\_\_\_\_

Airline Name: \_\_\_\_\_ Dates: To \_\_\_\_\_ From \_\_\_\_\_ Cost \$ \_\_\_\_\_

Hotel Name: \_\_\_\_\_ No of Nights: \_\_\_\_\_ Cost Per Night \$ \_\_\_\_\_

Hotel: Check in Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Per Diem Daily Rate \_\_\_\_\_ Number of Days \_\_\_\_\_ Cost \$ \_\_\_\_\_

Amount of Ground Transportation Authorized \$ \_\_\_\_\_

**TOTAL OF ESTIMATED COSTS: \$ \_\_\_\_\_**

Acct Money is to be drawn From: \_\_\_\_\_

\_\_\_\_\_  
**Traveler's Signature**

\_\_\_\_\_  
**Requesting Supervisor's Signature**

\_\_\_\_\_  
**Executive Director or Designee**