



Enrollee Travel Authorization and Advance Request

Must be submitted to NEW Solutions thirty (30) days before first day of travel

I. IDENTIFICATION

Enrollee Name (Legal Name) _____ Street Address _____ Enrollee Office Phone # _____ Ext. # _____
Project # _____ City, State & Zip Code _____ Mail _____ Direct Deposit _____

II. PURPOSE OF TRAVEL

III. ITINERARY

DATE	FROM (CITY & STATE)	TO (CITY & STATE)

IV. ESTIMATED COSTS - must be completed

1. Airline ticket Purchased by traveler _____ **1**
 Direct Billed to NEW Solutions \$ _____

2. Car Rental _____ **2**

3. Personal Car: Estimated Number of Miles _____ x Allowable Rate Per Mile _____ **3**

4. Other transportation: taxi, limo, shuttle, train, bus _____ **4**

5. Lodging & Meals: a. Per Diem Rate for Lodging _____ x number of days _____ **5a**
 b. Lodging Above Per Diem (up to 200%) _____ x number of day _____ **5b**
 c. Hotel Room Taxes _____ x number of days _____ **5c**
 d. Per Diem Rate for Meals _____ x number of days _____ **5d**

TRAVELER'S ESTIMATED COST (Add lines 1 through 5) \$ _____

V. TRAVEL ADVANCE AMOUNT *(Requested advance may be up to 85% of the estimated costs or \$1,000, whichever is less)*

VI. APPROVALS

Enrollee Signature _____ Date _____
Agency Authorized Signature *(Must be signed and dated PRIOR to the travel dates)* _____ Date _____
Agency Authorized Signatory Name (Please print) _____

Accounting Use Only

Amount: _____ Invoice #: _____ Account#: _____

Direct Deposit: Yes No

Acct'g Approval: _____ Date _____