

INDIVIDUAL STAFF TRAVEL REQUEST

DATE OF REQUEST \_\_\_\_\_

APPLICANT \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF MEETING \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

MEMBER \_\_\_\_\_ Yes \_\_\_\_\_ No

DATES \_\_\_\_\_

PLACE \_\_\_\_\_

CATEGORY: \_\_\_\_\_ Conference \_\_\_\_\_ Meeting

\_\_\_\_\_ Workshop/Class \_\_\_\_\_ Visitation

<b>APPROVAL</b>	
<b>Dept. Head</b>	_____ Yes _____ No
<b>Asst./Assoc. Director</b>	_____ Yes _____ No
<b>Director</b>	_____ Yes _____ No
<b>Decision</b>	_____
<b>Amount Approved \$</b>	_____

ESTIMATED EXPENSES:      Transportation - Airfare /Amtrak use Austin Travel

\_\_\_\_\_  
\_\_\_\_\_

Registration Fees \_\_\_\_\_

Lodging \_\_\_\_\_

Food - Check per diem binder  
(Breakfast + Dinner) \_\_\_\_\_

\_\_\_\_\_

**Total Amt. Requested** \_\_\_\_\_

IF ONLY TIME IS REQUESTED WRITE DATES: \_\_\_\_\_

Please state briefly the benefits accruing to you and the library:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>COMMENTS</b>	
<b>Dept. Head</b>	_____
_____	_____
_____	_____
<b>Asst. Director</b>	_____
_____	_____
_____	_____
<b>Director</b>	_____
_____	_____
_____	_____

**ATTACH AGENDA OR PROGRAM INFORMATION**