

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

ESTIMATED EXPENSES Transportation – Airfare / Amtrak use
Euro Lloyd, 2-7799 _____

Registration Fees _____

Lodging _____

Food – check per diem binder for
breakfast and dinner only _____

Total Amt. Requested _____

DATES REQUESTED FOR ONLY TIME: _____

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

APPROVAL

Dept. Head _____ Yes _____ No

Assoc./Assist. Dir. _____ Yes _____ No

Director Decision _____ Yes _____ No

Amount Approved \$ _____

COMMENTS

Dept. Head

Assoc./Assist. Dir.

Director

