



DELTA COMMUNITY ACTION FOUNDATION, INC.

308 SW 2nd St.

Lindsay, OK 73052

Tel: (405) 756-1100 Fax (405) 756-1104

Karen Nichols

Executive Director

OUT OF TOWN TRAVEL EXPENSE

NAME OF TRAVELER	POSITION
MEETING/CONFERENCE ATTENDING	
NAME OF HOTEL	CITY, STATE
DEPARTURE FROM: _____	ARRIVAL TO: _____
DATE _____	DATE _____

EXPENSES:	AMOUNT REQUESTED:
REGISTRATION FEE:	\$0.00
TRAVEL: _____ MILES @ _____	TOTAL EXPENDITURES: _____
_____ PER MILE	ADVANCE TRAVEL: \$0.00
ROOM RATE _____	
TIMES _____ DAYS	\$0.00
PER DIEM @ _____ PER QTR	AMOUNT DUE AGENCY: \$0.00
TIMES _____ QTRS	AMOUNT DUE TRAVELER: \$0.00
PARKING, TAXI, SHUTTLE, ETC.	\$0.00
TOTAL:	\$0.00

I HEREBY CERTIFY THIS STATEMENT AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

REQUESTED BY: _____	DATE: _____
APPROVED BY: _____	DATE: _____