**DELTA COMMUNITY ACTION FOUNDATION, INC.** 



308 SW 2nd St. Lindsay, OK 73052 Tel: (405) 756-1100 Fax (405) 756-1104

Karen Nichols Executive Director

## **REQUEST & AUTHORIZATION-OUT OF TOWN TRAVEL**

NAME OF TRAVELER

MEETING/CONFERENCE ATTENDING

NAME OF HOTEL

**DEPARTURE DATE** 

MODE OF TRANSPORTATION:

**EXPENSES:** 

**REGISTRATION FEE:** 

TRAVEL: \_\_\_\_\_MILES @

PER MILE

ROOM RATE \_\_\_\_\_

TIMES \_\_\_\_\_ DAYS

PER DIEM @ PER QTR

TIMES \_\_\_\_\_ QTRS

PARKING FEE, TAXI, SHUTTLE, ETC.

TOTAL:

REQUESTED BY:

DATE:

APPROVED BY:

DATE:

DCAF FORM	(REVISED	06/2009)
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POSITION

CITY, STATE

**RETURN DATE** 

RATE PER MILE:

AMOUNT REQUESTED:

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00