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