



Niagara Frontier Transportation Authority
Serving Buffalo Niagara

TRAVEL REQUEST FORM

NAME:
DEPARTMENT/DIVISION:
PURPOSE OF TRIP:

TRAVEL JUSTIFICATION:

TRAVEL FROM:	TRAVEL TO:
DEPARTURE DATE:	RETURN DATE:
TIME OF DEPARTURE:	TIME OF RETURN:

ESTIMATED EXPENSES	AMOUNT
REGISTRATION OR FEES: (ATTACH COPY OF AGENDA)	_____
AIRLINE/BUS/RAIL	_____
NUMBER OF DAYS OF LODGING _____ AMOUNT PER DAY _____	_____
<i>IF LODGING IS ABOVE PER DIEM RATE ATTACH DOCUMENTATION</i>	
<i>SHOWING YOU HAVE CONTACTED 2 OTHER HOTELS IN THE AREA AND THIS IS</i>	
<i>THE LOWEST RATE.</i>	
NUMBER OF DAYS FOR MEALS _____ AMOUNT PER DAY _____	_____
TAXI OR OTHER MODE OF TRANSPORTATION AT DESTINATION	_____
MILEAGE	_____
TOLLS	_____
PARKING	_____
TOTAL ESTIMATED EXPENSES:	_____

GENERAL LEDGER ACCOUNT TO BE CHARGED: _____

<i>I certify that I have read and understand the Travel Guidelines:</i>	
_____	Date: _____
<i>Employee</i>	

APPROVED BY:	SIGNATURE:	DATE
IMMEDIATE SUPERVISOR:	_____	_____
DIRECTOR:	_____	_____
EXECUTIVE DIRECTOR:	_____	_____
CHAIRMAN OF THE BOARD (if applicable)	_____	_____
VICE CHAIRMAN OF THE BOARD (if applicable)	_____	_____