

Community Connections -Travel Request Form

Submission to Travel team requirements:

- Inter-Island travel - At least 5 business days prior to start date
- Outside of South East Alaska - At least 10 business days prior to start date

Traveler information:

Name as appears on travel ID _____ DOB (MM/DD/YYYY) _____

Travel Cell (____) _____ - _____ Travel Email _____

Trip information:

Where to? POW KTN MET ANC Lower 48 - City & State _____

Purpose? Supervision Trainings Meetings Other _____

Conference or Event - Title _____ Registration Fees \$ _____

Training Access Funds available for reimbursement Yes No Grant Related Yes No

Attach conference details & contact information

____ Per Diem Advance - Submit travel request 2 weeks prior to travel start date. (*Initial statement below*)

____ **I authorize Community Connections to make a payroll deduction from my paycheck to reimburse any travel expense overpayment.**

Travel Start Date: _____ Departure Time: _____

Travel End Date: _____ Return Time: _____

Personal dates: _____ Supervisor Approval _____

Transportation & Lodging: ____ Agency Fleet requested with Lodging or for transport

Ferry AMHS IFA Vehicle _____
Year Make Model Length Sub-model

Plane Island Air Express Alaska Airlines American Airlines Mileage Plan # _____

Departing Flight number _____ Returning Flight number _____

Departing Flight number _____ Returning Flight number _____

Departing Flight number _____ Returning Flight number _____

Window Aisle Center Special accommodations _____

Lodging Water St Easy St First St DMA Studio Hotel _____

____ Rental Car for travel outside of Southeast Alaska - Executive Director Approval _____

Community Connections covers the cost of the vehicle rental only. Additional expenses such as insurance and navigation devices are the employee's responsibility.

Program Director - Approves travel within Southeast Alaska.

Executive Director - Approves travel outside of Southeast Alaska, rental cars, and any special accommodations.

Traveler Signature

Executive or Program Director Signature

-----Travel Team only - Do not complete below this line-----

Trip ID _____ Date RCVD _____ Calendar ____ Workbook ____ Summary ____ Recap ____