

**ROTARY INTERNATIONAL DISTRICT 5830  
REQUEST FOR AUTHORIZATION TO INCUR TRAVEL COSTS**

**Must be completed and approved prior to trip.**

(This form is not to be used by the DG, DGE, DGN OR DGND as the district budget specifies their authorized travel.)

**ESTIMATED TRAVEL COSTS**

Name:	<input type="text"/>	Date:	<input type="text"/>
Travel dates (inclusive)	<input type="text"/>		
Destination	<input type="text"/>		
Purpose of Travel	<input type="text"/>		
Total Mileage	<input type="text"/>	0.540	<input type="text" value="-"/>
Air Fare	<input type="text"/>		<input type="text"/>
Hotel/Motel	<input type="text"/>		<input type="text"/>
Meals	<input type="text"/>		<input type="text"/>
Registration Fees Paid To	<input type="text"/>		<input type="text"/>
Other Travel Expenses			
- Taxi	<input type="text"/>		<input type="text"/>
- Parking	<input type="text"/>		<input type="text"/>
- Tolls	<input type="text"/>		<input type="text"/>
- Other	<input type="text"/>		<input type="text"/>
- Other	<input type="text"/>		<input type="text"/>
<b>TOTAL ESTIMATED TRAVEL COSTS</b>			<input type="text" value="-"/>

**APPROVALS**

Finance Committee Chair	<input type="text"/>	Date:	<input type="text"/>
District Governor	<input type="text"/>	Date:	<input type="text"/>