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 _____	$ 0.00
IF LODGING IS ABOVE PER DIEM RATE ATTACH DOCUMENTATION SHOWING YOU HAVE CONTACTED 2 OTHER HOTELS IN THE AREA AND THIS IS THE LOWEST RATE.	
NUMBER OF DAYS FOR MEALS _____ AMOUNT PER DAY _____	$ 0.00
TAXI OR OTHER MODE OF TRANSPORTATION AT DESTINATION	
MILEAGE	
TOLLS	
PARKING	
TOTAL ESTIMATED EXPENSES:	**$ 0.00**

GENERAL LEDGER ACCOUNT TO BE CHARGED: _____

I certify that I have read and understand the Travel Guidelines:

_____ *Date:* _____

Employee

APPROVED BY:	**SIGNATURE:**	**DATE**
IMMEDIATE SUPERVISOR:		
DIRECTOR/VICE PRESIDENT:		
EXECUTIVE DIRECTOR:		
CHAIR OF THE BOARD (if applicable)		
VICE CHAIR OF THE BOARD (if applicable)		

ATTACHMENT A