



**Research Foundation for Mental Hygiene, Inc.**  
**Request for Prior Approval of Travel/Conference Expenses**

**EMPLOYEE INFORMATION**

<i>Name of Employee</i>	<i>Unit</i>	<i>Date</i>
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**TRAVEL/CONFERENCE INFORMATION**

Approval Requested For      **\*\* NO ARRANGEMENTS SHOULD BE CONFIRMED UNTIL REQUEST IS APPROVED \*\***

[   ]    *Conference*                      *NOTE: Prior approval is required for registration fees when travel costs are to be*

[   ]    *Training/Seminar*                *incurred. Any increase in price from estimate requires reapproval before reservations,*

[   ]    *Workshop*                            *etc. can be finalized.*

[   ]    *Other (describe)*                \_\_\_\_\_

Travel Destination/Conference Location: \_\_\_\_\_

Travel/Attendance Dates

*From:* \_\_\_\_\_ *To:* \_\_\_\_\_

**ESTIMATED EXPENSES**

<i>Transportation</i>				
	<b># Miles</b>		<b>Rate/Mile</b>	<b>TOTAL</b>
<i>Car</i>	_____	x	_____	= _____
<i>Air</i>				_____
<i>Train</i>				_____
<i>Other (Describe)</i>				_____
<b>TOTAL</b>				_____

<i>Meals</i>				
	<b>Cost</b>		<b># Days</b>	<b>TOTAL</b>
<i>Breakfast</i>	_____	x	_____	= _____
<i>Dinner</i>	_____	x	_____	= _____
<b>TOTAL</b>				_____

<i>Lodging</i>				
	<b>Rate</b>		<b># Nights</b>	<b>TOTAL</b>
	_____	x	_____	= _____

*Registration Fee(s)* \_\_\_\_\_

*Miscellaneous* \_\_\_\_\_

**GRAND TOTAL**

*Justification (Describe the activities you will be engaged in and how they will benefit the agency. A copy of the event brochure or an itinerary is required.)*

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**APPROVAL**

<i>Supervisor's Signature</i>	<i>Date</i>
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<i>Managing Director's Signature</i>	<i>Date</i>
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