

Missouri Ozarks Community Action, Inc.

Request/Authorization for Travel

Name _____ Employee #: _____ Date: _____
 Destination: _____ Purpose: _____
 Start Date: _____ End Date: _____ Site Code: _____
 Mode of Travel Air Private Car MOCA Van Carpooling with _____

Advance	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
Meals =>								
Lodging	Registration		Mileage Cost		Other/Misc.		Total Meals	Total
\$								
			Total	mi	Check here if advance is requested =>			

For Fiscal Department Use Only

Description	Fund	G/L	Prog	Amount	Check #
Travel Advance	101	12199	101	\$	
Total Advance =>				\$	Date

Employee Signature _____ Fiscal Director Approval _____

Program Director Signature _____ Executive Director Signature _____

To the Employee:
DO NOT DETACH. The approved yellow copy will be returned with your advance.
Fill out the travel voucher form and return for settlement within 5 days upon return trip.

Out of Area Travel Voucher Form

Actual	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
Meals =>								
Lodging	Registration		Mileage Cost		Other/Misc.		Total Meals	Total
\$	\$	\$		\$		\$	\$	
			Total	mi				

For Fiscal Department Use Only	
Check #	
Batch #	
Date	

Description	Fund	G/L	Prog Funct	Amount
Mileage Cost		51111		
Lodging		51111		
Meals		51111		
Other/Misc		51111		
Total Expenses =>				
Advance	101	12199	101	
Due Emp				
Due MOCA				

Note
Attach Agenda and Miscellaneous Receipts Back of The Form.
MOCA is Missouri Tax Exempt

Failure to refund any advance, due to MOCA, within 10 days of my return from this trip, will result in the total amount of the advance being withheld from my salary.

I certify that the amounts claimed are true and completely accurate and that payment has not already been received.

Employee Signature _____ Fiscal Director Approval _____

Program Director Signature _____ Executive Director Signature _____