



TRIO Access and Opportunity Programs
 921 S. 8th Ave. Stop 8345
 Pocatello, ID 83209
 (208) 282-3242

Conference Travel Authorization Form

Conference Name: _____

Conference Destination: _____

Travelers Name: _____

Travel Start Date: _____ Travel End Date: _____

Funding Source: _____, _____, _____, _____

Allocation(%): _____, _____, _____, _____

Estimated Expense:	Estimated Cost	Travel Card	Direct Bill	Dept. Travel Card	3 rd Party	Reimbursement

Were meals provided? Yes/No

Notes:

- If meals were provided, please provide dates and times
- Please include an itinerary with your travel authorization form
- Please include starting and ending dates and times if at all possible

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast							
Lunch							
Dinner							

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____