

MAYOR'S COMMISSION ON DISABILITIES
SUPERIOR, WISCONSIN

REQUEST FOR TRAVEL AUTHORIZATION

Date Requested: _____

Name/s: _____

Destination: _____

Attending: _____

Beneficial to Commission because: _____

Travel Dates/Times

From:		To:	

This proposed trip is requested to be made by:

1. Vehicle _____ (Attach copy of driver's license & proof of insurance)
2. Airline _____
3. Other _____

EXPENSES FOR	
*Mileage	
Lodging	
Food	
Registration	
Other	
TOTAL	\$

*Current (IRS) rate = 44½ ¢

You are hereby authorized to travel, upon Commission business pursuant to the instructions shown above and otherwise communicated to you. You will be allowed expenses incurred on this trip upon completion of the trip and will be reimbursed for actual and necessary transportation and other non-personal expenses. You will be required to provide an accounting of all claimed expenses, properly supported by receipted bills whenever obtainable in regular business practice.

Any additional expenses would have to be pre-approved by the Mayor's Commission on Disabilities.

Requested by: _____

Signed by: _____
Chair / Co-Chair
Mayor's Commission on Disabilities

Approved by: _____
Judie Strandberg, Treasurer
Mayor's Commission on Disabilities