



# Travel Request Form

Please mail or fax this completed form to United Charitable AFTER your approved program trip. Incomplete forms will be returned to the Program Manager. **Please type or print clearly.**

We encourage you to travel to help accomplish the charitable purpose of your program. But there is the potential for abuse. Here are the guidelines that must be followed:

You can request reimbursement or payment for travel expenses necessarily incurred while you are away from home performing services for your program only if there is *no significant element of personal pleasure*, recreation or vacation in the portion of the trip for which reimbursement is requested. Additionally, a trip is considered to have the maximum length of two months. Daily expenses will not be reimbursed outside of the two month time frame. **United Charitable will not reimburse for gas receipts for a personal vehicle**, please see the our Travel Policy and mileage log available on our website.

Additional Note: If you are planning to travel to see something or hear something, the expenses are not reimbursable. If you are planning on "doing something charitable," the expenses may be reimbursable depending on the circumstances.

Examples of routinely approved travel expenses:

- Air, rail and bus transportation
- Cost of transportation between the airport and hotel
- Lodging costs
- Cost of meals
- Rental car and gas receipts for rental car

Program Name: \_\_\_\_\_ Program #: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Name(s) of Travelers: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**Detailed Description about the Trip:** What the travelers did, how it was done and how it helped accomplish the charitable purpose of the program at United Charitable etc. If more room is needed, please attach extra pages.

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**Travel Diary:** What were the day to day activities of the traveler(s)? Did the traveler(s) meet people, conduct hands-on activities, fundraise, meet with potential donors, meet with potential partners, etc.? Photographs of travel activities will help document the charitable work.

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**Personal Compensation:** Travelers may claim taxable income at an hourly rate for work performed while on an approved trip. United Charitable will need a W-9, Employment Agreement for an Independent Contractor and an invoice detailing the hours worked, date frame, what work was performed and how the work relates to the charitable purpose of the program. Will Personal Compensation be submitted?      Yes                      No

**Expenses:** Travelers may claim reasonable expenses for transportation, items purchased for the program, meals (minus the cost of alcoholic beverages), and lodging for the days while traveling or working for the program on an approved trip. If there is any personal part of a trip, these expenses should be excluded. Please submit **ORIGINAL RECEIPTS ONLY**. Will Expenses be submitted?

No                      Yes (Total: \$ \_\_\_\_\_)

**Local Verification:** Please provide the name and contact information of a person where you visited, who will be able to verify the work that the traveler(s) performed.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip, Country: \_\_\_\_\_

**Program Manager Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	Approved	Declined
<b>Authorized Signature:</b> _____	<b>Process Date:</b> _____	