



# Travel Request Form – Before the Trip

Please mail or fax this completed form to United Charitable 30 days BEFORE your intended 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 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 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: (\_\_\_\_) \_\_\_\_\_

**What is the traveler(s) intending to do on the trip?** Describe the objectives, the persons you intend to see and why, the things the traveler intends to accomplish, and how the accomplishment will help further the intended charitable purpose of the foundation at United Charitable, etc. Please attach additional pages if needed.

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**Why is this traveler(s) the best person to take the trip?** (Describe any relevant qualifications here)

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**Approximate Cost of the Trip:**

Transportation: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

Accommodations: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

Other: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

Total: \$ \_\_\_\_\_

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

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

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