|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Submit this form to ASPHN before you travel or purchase airline tickets.** | | | | | | | |
| **Person Traveling (Last Name)** | | | | **First Name** | | | |
| **Destination (City and State)** | | | | **Travel Originating From (City and State)** | | | |
| **Method of Travel:**  **Personal Vehicle**  **Commercial Air**  **Other (Explain):** | | | | | | | |
| **Date to depart from home** | | **Meeting dates** | | | | **Date to return home** | |
| PURPOSE OF TRIP (Include information on the specific ASPHN project, grant, committee, etc., that this trip relates to): | | | | | | | |
| **ESTIMATED COST OF THE TRIP** | | | | | | | |
| **Air/Train/Auto** | **Meals & Lodging** | | **Registration** | | **Ground Transportation** | | **Total** |
| **$** | **$** | | **$** | | **$** | | **$** |
| **Costs Will Be Paid By:**  **ASPHN**  **Other (Explain at right)**  **Share (Explain at right)** | | | **Explanation of Cost:** | | | | |
|  |  | |  | | | | |



**Name/Signature of Person Approving Travel Title Date Approved**

**Specifically approved in current ASPHN budget or**  **Approved by Board of Directors \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date**

**Date Submitted: Via:** **EMAIL** **FAX** **Other:**