|  |
| --- |
| **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:**