



Allegheny East Conference
YOUTH & CHILDREN'S MINISTRIES

Travel Request

Request must be approved before travel and reimbursement is processed

Please type or print clearly in ink.

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Telephone _____

MEETING INFORMATION

Organization

- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> AY | <input type="checkbox"/> Master Guide | <input type="checkbox"/> Pathfinder |
| <input type="checkbox"/> Adventurer | <input type="checkbox"/> Children Ministries | <input type="checkbox"/> Bible Bowl |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Other _____ | |

Type of Meeting _____

Purpose of Meeting _____

Date(s) of Meeting _____

Location Address _____

City _____ State _____ Zip Code _____

Mode of Travel (*Automobile, Rail, Air, Bus, Plane, etc.*) _____ Number of Miles _____

Housing _____

Prepared by _____ Date _____

APPROVAL

Approved Yes No Reason _____

Signature _____ Date _____