Form 1-86

COMMUNITY ACTION TEAM, INC.
124 N. 18th St.
St. Helens, OR 97051

PER DIEM REQUEST
(Please attach a copy of agenda & registration)

NAME: _____ DATE _____

ADDRESS: _____

_____

DESTINATION & PURPOSE OF TRAVEL:

BEGIN ON OR ABOUT: _____ END ON OR ABOUT: _____

MODE OF TRANSPORTATION: *(Check appropriate one)*
____ Air _____ Rail _____ Bus _____ Auto

REMARKS: _____

Expenses	Estimated Cost	Per Diem Per Day			Charge to
Meal Allowance					
Carrier Transport					
Lodging					
Other ( )					
Amount of Advance Request					

I understand that I am required to submit receipts to validate the above expenses within 5 working days after travel is completed. I am required to return any monies I do not have receipts to substantiate.

If I fail to submit adequate receipts/refunds for the above within the 5 days, I authorize Community Action Team, Inc. to withhold the advance per diem amount from my next payroll check.

EMPLOYEE'S SIGNATURE: _____

PROGRAM DIRECTOR'S SIGNATURE: _____

EXECUTIVE DIRECTOR'S SIGNATURE: _____