## COMMUNITY ACTION TEAM, INC.

124 N. 18<sup>th</sup> St. St. Helens, OR 97051

## **PER DIEM REQUEST**

(Please attach a copy of agenda & registration)

NAME:	DATE			
ADDRESS:				
DESTINATION & PURPOS	E OF TRAVEL:			
BEGIN ON OR ABOUT:	END ON	I OR ABOUT:		
MODE OF TRANSPORTAT AirREMARKS:	_RailBu	us	Auto	0
Expenses	Estimated Cost	Per Diem Per Day Charg		Charge to
Meal Allowance				
Carrier Transport				
Lodging				
Other ( )				
Amount of Advance				
Request				
I understand that I am required to su travel is completed. I am required to If I fail to submit adequate receipts/r Team, Inc. to withhold the advance	return any monies I do no efunds for the above withi	t have receipt in the 5 days, I	s to substa authorize (	ntiate.
EMPLOYEE'S SIGNATURE:				
PROGRAM DIRECTOR'S SIGNATUR	RE:			
EXECUTIVE DIRECTOR'S SIGNATUR	E:			