

GLATA Travel Grant Application

Please complete a separate form for each destination
Reproduce this form as needed. Refer to Grant guidelines at the end of this
document as needed.

Requesting Individual(s):

GLATA Committee:

Committee Chair:

The following information is to be completed by the requesting individual.

Contact Information of Requesting Individual(s):

Address:

Phone:

Email:

In the space provided below, please describe the reason for your request of travel funds through the GLATA. The following Information should be included as appropriate, but is not limited to: specific need for travel related to your committee activities and project, additional funding for travel expenses (state support, etc.), anticipated outcomes related to this travel experience, the direct implications related to your ability to this event, support of your committee chair for your travel, etc.

Detailed Budget of Anticipated Travel Expenses:

Travel will be to (check one): GLATA Winter Meeting
 NATA Annual Symposium
 State Meeting
 Other (explain): _____

Expenses MUST be itemized for EACH traveler

Traveler #1

Name:

Travel Method: Air (include estimated flight cost): _____

Car (include mileage x federal rate): _____

Parking (detail – airport, hotel, etc.): _____

Hotel: Number of nights _____ X hotel rate = _____

Meals (\$30/day max): Number of days _____ X \$30 = _____
(\$7/bkfst, \$10/lunch, \$13/dinner)

Expenses MUST be itemized for EACH traveler

Traveler #2

Name:

Travel Method: Air (include estimated flight cost): _____

Car (include mileage x federal rate): _____

Parking (detail – airport, hotel, etc.): _____

Hotel: Number of nights _____ X hotel rate = _____

Meals (\$30/day max): Number of days _____ X \$30 = _____
(\$7/bkfst, \$10/lunch, \$13/dinner)

Expenses MUST be itemized for EACH traveler

Traveler #3

Name:

Travel Method: Air (include estimated flight cost): _____

Car (include mileage x federal rate): _____

Parking (detail – airport, hotel, etc.): _____

Hotel: Number of nights _____ X hotel rate = _____

Meals (\$30/day max): Number of days _____ X \$30 = _____
(\$7/bkfst, \$10/lunch, \$13/dinner)

Total Amount Requested: _____

Total Amount Approved: _____ (explain)