

GLATA Travel Grant

Please fill out a new form for different meetings

Committee Name

Committee Chair

Date Received

Contact information:

Address _____

Email _____

Phone Number(3) _____

Outcome/Goal of Meeting: _____

<p>Travel to:</p> <p>State Meeting: _____</p> <p>District _____</p> <p>National _____</p> <p>Other (Explain) _____</p>
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Breakdown of Proposed Expenses:

Travel (#) _____ *

Car-\$ _____

Air \$ _____

Other\$ _____

Meals (#)* _____ **Date:** _____

Breakfast\$ _____

Lunch \$ _____

Dinner \$ _____

Total \$ _____

Meals (#)* _____ **Date:** _____

Breakfast \$ _____

Lunch \$ _____

Dinner \$ _____

Total \$ _____

Meals (#)* _____ **Date:** _____

Breakfast \$ _____

Lunch \$ _____

Dinner \$ _____

Total \$ _____

Hotel (#)* _____

Dates _____

Other Expenses: (Explain) _____

Amount Requested: \$ _____

Amount Approved \$ _____ **Not Approved** (Explanation) _____

* refers to the number of people