
Advisory Board Travel Advance/Reimbursement Request

To ensure your travel advance will be ready in time for your travel, please submit travel advance requests to North Sound Behavioral Health Organization (North Sound BHO) Fiscal Officer ***at least four*** weeks before anticipated travel.

Today's Date:

Name:

Address:

Phone:

Name of Conference/Event:

Location of Conference/Event:

Date(s) of Conference/Event: From _____ To _____

Planned Arrival Date:

Planned Departure Date:

Anticipated Expenses:

Round-Trip Transportation		\$
Registration Fee		\$
Lodging: ____ nights	@ \$ _____ /night	\$
Meals:		
No. Breakfasts @ \$12 each	\$	
No. Lunches @ \$17 each	\$	
No. Dinners @ \$27 each	\$	
Total Meals:		Total Cost: \$
Total Advance Requested:		\$

Expenses Not Reimbursable:

- Hosting (meals for or entertainment of others)
- Alcoholic beverages or tobacco
- Fines, penalties, etc.
- Any unreasonable, unnecessary costs or personal preference items such as first-class travel.

Washington State Law requires that any travel performed outside the State of Washington be justified. If your travel will take you out of state, please explain briefly why your objective could not be met in Washington State:

Authorized By: _____
Signature