

**TENNESSEE AMBULANCE SERVICE ASSOCIATION  
TRAVEL AUTHORIZATION FORM**

**PLEASE SUBMIT TO THE PRESIDENT, AND/OR BOARD OF DIRECTORS AT LEAST TEN (10) DAYS PRIOR TO TRAVEL**

**(1) PERSONAL INFORMATION:**

MEMBER (Last, First): \_\_\_\_\_ REGION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 Service Represented: \_\_\_\_\_

**(2) TRIP INFORMATION:**

DESTINATION: \_\_\_\_\_  
 PURPOSE OF TRIP: \_\_\_\_\_

CONVENTION/MEETING START DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_  
 PLANNED DEPARTURE DATE/TIME: \_\_\_\_\_ RETURN DATE/TIME: \_\_\_\_\_

**(3) ESTIMATED TRAVEL EXPENSES:**

TRANSPORTATION	0
AUTO RENTAL	0
HOTEL	0
MEALS	0
TAXI/AIRPORT LIMO	0
BAGGAGE HANDLING	0
OTHER/REGISTRATION	0
<b>TOTAL</b>	<b>\$ 0.00</b>

**(4) TRAVEL ADVANCE REQUIREMENTS**

ADVANCE SHOULD BE FOR THE ESTIMATED CASH EXPENSE.

DATE ADVANCE REQUIRED \_\_\_\_\_

AMOUNT OF ADVANCE REQUESTED \_\_\_\_\_

**(5) TRAVEL POLICY:**

I BELIEVE THIS TRIP IS NECESSARY AND BENEFICIAL TO TASA AND THAT FUNDS ARE PROVIDED IN COMPLIANCE WITH TASA'S TRAVEL POLICY,  
 I AUTHORIZE THE SECRETARY/TREASURER TO ADVANCE THE AMOUNT REQUESTED. IF A TRAVEL EXPENSE REPORT IS NOT SUBMITTED WITHIN  
 TEN (10) DAYS OF RETURN FROM TRIP THE SECRETARY/TREASURER WILL NOTIFY THE PRESIDENT AND BOARD OF DIRECTORS.

**(6) SIGNATURES/APPROVALS:**

	REVIEWED TRAVEL POLICY _____	
MEMBER _____	(Initial)	
DATE _____		
SECRETARY/TREASURER _____		
DATE _____		
	TRIP AUTHORIZED YES _____ NO _____	
PRESIDENT _____	AUTO RENTAL AUTHORIZED YES _____ NO _____	
DATE _____		