# Travel Grant Application Form

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| **Traveler Name** | |  | | | | **Date** |  | |
| **Section/MAL** | |  | | | | |  | |
| **Phone** | |  | | | | |  | |
| **E-Mail** | |  | | | | |  | |
| **Address – the reimbursement check will be sent to this address** | |  | | | | |  | |
| **Trip Purpose** | |  | | | | |  | |
| **Location of Event** | |  | | | | |  | |
| **Are you a SWE Leader?** | | ☐ **no** ☐ **yes; if yes, what is your role?** | | | | |  | |
| **Is there a group from your**  **Section/MAL traveling to the event?** | | | | | ☐ **yes** | **Will you be traveling with the group?** |  | ☐ **yes** |
| ☐ **no** | ☐ **no** |
| **Estimated**  **Expenses ($)** | **Transportation (mileage reimbursed at the charitable rate):** | | | | | | $ | |
| **Airfare:** | | | | | | $ | |
| **Hotel/Lodging:** | | | | | | $ | |
| **Conference/Registration Fee:** | | | | | | $ | |
| **Total Estimated Expenses:** | | | | | | $ | |
| **Expenses To Be Covered** | **By Requester:** | | | | | | $ | |
| **By Section/MAL:** | | | | | | $ | |
| **Other Funding Sources (describe):** | | | | | | $ | |
| **Other Relevant Information and Total amount requested** |  | | | | | |  | |
| *Approval* | ☐ *yes* | | *Grant Amount Authorized* | | | *$* | | |
| ☐ *no* | |
| *Reason For Rejection* |  | |  | | | | | |
| *Region G Governor Approval* | | |  | ☐ | *Date* |  | | |
| *Region G Treasurer Approval* | | |  | ☐ | *Date* |  | | |