#  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*  |  |