WESTERN HIGHLANDS

Conference, Meeting & Training Advance Request

Name: _____ ☐ BOARD MEMBER

Address: _____ ☐ CFAC MEMBER

City: _____ ☐ OTHER_____

State: _____

Zip Code: _____

Trip to: _____

Purpose: _____

Dates: _____

* All conference registrations will be paid directly by Western Highlands.

* All costs must comply with allowable expenditure requriements of the Division of MH/DD/SAS.
Please allow 15 days for processing.

	Amount Requested	Actual Expenses	Settlement
Number of miles:_____			
Meals:			
Lodging:			
Parking:			
Other :_____			
Other: _____			
Other:_____			
TOTALS			

ACCOUNTING ONLY

INVOICE _____

DATE _____

VENDOR _____

DESC _____

AMOUNT	RU	CA
_____	_____	_____

_____
Signature Date

_____
Authorized by Date

This instrument has been pre-audited in the manner requried by the Local Government Budget & Fiscal Controll Act

_____
Financial Officer Date