

Professional Travel and Enrichment Requests
Officers, Departmental, Pastors, Office Staff, Teachers

NAME _____ DATE _____

Please Fill Out the Sections That Pertain to Your Travel –***Submit at least Two Weeks Before Making Arrangements.*** Vacation requests should be submitted using the regular vacation request form.

I. Travel When ADCOM Approval Is **Not Necessary (See also Section III)**

Purpose of Trip

- ☐ Pre-approved Degree Program
- ☐ Pre-approved Professional Enrichment (Seminars, etc.)
- ☐ Pre-approved Departmental Trip

II. Travel When ADCOM Approval **Is Necessary (See also Sections III and IV)**

Purpose of Trip

- ☐ Degree Program
- ☐ Professional Enrichment (Seminars, etc.)
- ☐ Departmental
- ☐ Requested by Another Organization *(Travel requests must be in accordance with NAD Policy C 15)*
- ☐ Other

III. Additional Information

Departure Date _____ Return Date _____ Total Days Including Travel days _____

Title and Description of Event: _____

Location: _____

Phone Number in Case of an Emergency: _____

Contact Individuals for Each Church: _____

IV. Reimbursement Requested

- ☐ Travel \$ _____ (The lesser of the current mileage rate or airfare)
- ☐ Lodging \$ _____
- ☐ Per Diem \$ _____
- ☐ Registration and/or Seminar Fees \$ _____
- ☐ No Reimbursement Requested

For Administrative Use

☐ Approved ☐ Not Approved ☐ See comments _____

Administrative Officer: _____

ADCOM Date: _____ ADCOM Vote #: _____