

BOARD OF DIRECTORS TRAVEL FORM – Board Meetings

Authorization and Advance Request

BOARD MEMBER INFORMATION

Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Trip Information

Destination(s): _____

Purpose(s) of Trip: _____

Estimated Cost to NAESP: \$ _____

Advance Requested: \$ _____

Hotel Reservations

Date of arrival at the hotel: _____

Date of departure from the hotel: _____

Single occupancy Double occupancy **Preference:** King bed Two doubles

Should this room be guaranteed for late arrival? Yes No

TRANSPORTATION PLANS

Arrival at Destination

Date: _____

Time: _____

Airline: _____ Flight Number: _____

Departure from Destination

Date: _____

Time: _____

Airline: _____ Flight Number: _____

GUEST INFORMATION

Does your spouse/guest plan to accompany you and attend social functions? Yes No

If not attending some social functions, please provide details for planning purposes:

_____.

Provide inclusive dates of spouse/guest attendance: _____

Spouse/Guest Name: _____

NAESP Use Only

NAESP Account to be Charged:

NAESP Authorization/Date: