

	Lower Providence Emergency Medical Service Standard Operating Guidelines	
	Subject: <i>Member Guidelines</i> – Travel Authorization Form	SOG #101-018A
	Approved: Chief Christopher J. Reynolds	Initiated: October 2020 Revised: N/A

Travel Authorization Form

Member(s) Attending: _____

Name of Conference/Training/Meeting: _____

Location: _____

Event Out of State ? YES NO

Date(s) of Event: _____

Description of Event: _____

Justification for Attendance: _____

Attach any brochure or literature that details conference, event, or session information.

Expense	Cost
Registration	
Train/Airfare	
Lodging	
Rental Car	
Meals	
Milage	
Other	

Total Cost: _____

Are funds budgeted in the current fiscal year? YES NO

Comments: _____

Chief Signature: _____

Date: _____

Approved

Denied

All out of state travel and/or travel more than \$500 gross expected cost requires Board of Director Approval.