

## **FIRST® VISTA Travel Request Form**

Please complete and submit this form to request approval for any long-distance travel opportunities that a *FIRST* VISTA wishes to pursue. **Please seek approval at least two weeks in advance from the VISTA Management Team at *FIRST* HQ. You must get approval prior to making any reservations or payments.**

**This form contains two pages. Please complete all fields and submit to VISTA Management Team at *FIRST* HQ.**

### **1. Basic information**

<b>FIRST VISTA Name:</b>	
<b>Site Supervisor:</b>	
<b>Submission date:</b>	
<b>Response needed from HQ by (date):</b>	

### **2. Information about this trip**

Title	
Describe this trip, your role, and its purpose:	
Date and duration	
Location	

### **3. Rationale for attendance or participation**

What is the purpose of the VISTA's attendance at this event?

	Event support
	Underserved team recruitment or support
	Key volunteer role
	Facilitate/receive training
	Capacity-building
	Professional Development
	Outreach
	Other:

Please describe:

How will this event benefit the *FIRST* VISTA in their service?

Does this event require an overnight stay? Why?

## **FIRST® VISTA Travel Request Form**

### **4. Estimated Costs**

	Description	Cost/estimate
Travel (mileage)	<i>Please include destinations and estimated mileage</i>	\$
Lodging	<i>Hotel name and address</i>	\$
Food		\$
Other	<i>Please be as specific as possible (ex. Conference or workshop fees, etc.)</i>	\$
	<b>TOTAL COST</b>	\$

### **5. Estimated Cost Defrayment**

Please explain what actions were taken to secure financial assistance, and what outcomes resulted:

Have you sought financial or other assistance to help defray the associated costs?	<b>YES / NO</b>
Expenses donated by <i>FIRST VISTA's</i> site	- \$
Low- or no-cost lodging	- \$
Other cost defrayment	- \$
<b>Total cost that <i>FIRST VISTA</i> expects to claim reimbursement from <i>FIRST</i></b>	<b>\$</b>
<b>Will this additional expense cause the VISTA to exceed their monthly budget?</b>	<b>YES / NO</b>

### **6. Signature and Approval**

By signing below, the *FIRST VISTA* and Site Supervisor affirm that they have reviewed and approved this request. In addition, they agree to continue pursue any and all options to minimize the cost that the VISTA will need to claim for reimbursement. If any plans or costs change, they agree to notify *FIRST HQ* immediately.

<b>FIRST VISTA Signature</b>	<b>Date</b>
<b>Site Supervisor signature</b>	<b>Date</b>

**FIRST VISTA Management Team Approval**

<b>Approved/Denied</b>			<b>Date:</b>
	<b>Justification</b>		
<b>Select this expense type in Concur</b>		Pre-approved <b>FIRST</b> -paid travel	
		Pre-approved <b>CNCS</b> -paid travel	