



**Instruction # 18-02**

**To:** Local Catawba Workforce Development Area

**Subject:** WIOA Funded Travel

**Create Date:** July 16, 2018

**Effective Date:** Immediately


**Purpose:** The purpose of this instruction is to issue a 'Request for Travel Form'.

**Background:** Periodically, training and conferences are held to which grantee staff may need to attend. In an effort to ensure that adequate staff remains on site to continue the operations of WIOA funded activities AND that the training or conference/travel is in the best interest of the Catawba Workforce Area, the WDB office is requiring that all out of area travel be approved by the WIOA Administrator.

**Action:** The attached form must be completed in its entirety and forwarded to the WDB office for approval prior to making any reservations or using any WIOA funds towards the travel. Travel not approved will not be paid or reimbursed with WIOA funds.

**Inquires:** Any questions or concerns should be directed to Nicole Lawing at 803.327.9041 or [nlawing@catawbacog.org](mailto:nlawing@catawbacog.org).

**Attachment 1 – Request For Approval of Out of Area Travel**

  
\_\_\_\_\_  
Nicole Lawing, WIOA Administrator

*Serving Chester, Lancaster, Union, & York Counties*

**Catawba Workforce Development Area**  
**Request for Approval of Out of Area Travel**

Approval for the out of area travel of the following person(s) is requested in accordance with WDB policy. Reimbursement of these expenses will be made by the most economical method of travel. Copies of this form must be maintained with grantee financial records.

Name(s)	Title(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Conference, training or meeting name: \_\_\_\_\_

Sponsored By: \_\_\_\_\_

Beginning & ending dates of conference or meeting: \_\_\_\_\_

Location: \_\_\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Also, attach a copy of the meeting notification along with the agenda, if applicable.**

Registration Fee(s) \_\_\_\_\_ Registration Deadline \_\_\_\_\_

*Estimate of travel cost (complete applicable items):*

Round trip airfare cost: \_\_\_\_\_ Price quoted by: \_\_\_\_\_ Date \_\_\_\_\_

Round trip mileage cost: \_\_\_\_\_ Date \_\_\_\_\_

Lodging Cost:

A. Rate per day (include tax): \_\_\_\_\_ Total Lodging Cost \_\_\_\_\_

B. Departure date: \_\_\_\_\_

C. Return date: \_\_\_\_\_

Estimated meal cost: \_\_\_\_\_

Miscellaneous expenses (include cab fare, etc):

Item	Amount
_____	_____
_____	_____
_____	_____
	Total: _____

Grand total estimated cost: \_\_\_\_\_

Use this space below to provide an explanation of any unusual circumstances associated with the requested travel. (Be specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that all estimated costs are accurate and necessary in the performance of the official duties of the employee(s) listed.**

Recommended:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Program Director Date

\_\_\_\_\_  
WIOA Administrator Date