

Attachment Q

Out-of-State/Country Travel Request

Name of Traveler:	LAST	FIRST	M. I.
CENTERS: NMSBDC Lead Center requires 45 days Advance notice for any Unplanned/Unbudgeted Travel for processing to meet the SBA requirements.		DATE RECEIVED:	
Name of Service Center:			

Title of Event:			
Organization:			
Location:		START DATE	END DATE
Date of Departure:		Date of Return:	

Description of Event:

Justification of Attendance:*
*For all State, Federal, Program Income and Cash Match Funds

Type of transportation:	Plane <input type="checkbox"/>	Train <input type="checkbox"/>	Bus <input type="checkbox"/>	Car <input type="checkbox"/>	Other (specify) <input type="checkbox"/> _____
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Cost:	
Registration Fee:	
Travel:	
Per Diem:	
Per Diem (meals):	
Hotel:	
** Misc:	
Total:	
** Attach details if cost exceeds \$50 _____	

Approvals:	Signatures:	Date:
Center Director		
Assigned Assoc.State Director		
Executive State Director		
Project Officer or District Director		
AA/SBDC or DAA/SBDC §		

Required for Out-of-State Travel

§OSBDC Approval required for Out-of-Country Travel Only