

ATTACHMENT Q CY24 - SBDC SERVICE CENTER OUT-OF-STATE OR COUNTRY TRAVEL REQUEST

| | | Out-of-State/Country Travel Request | | | | | | | | |
|--|--|-------------------------------------|-----------------------------|--|--------|-----------|------------|-----------|---------|--|
| Name of Traveler: | | | LAST | | | FIRST | | | M. I. | |
| CENTERS: NMSBDC Lead Center requires 45 c Unbudgeted Travel for processing to meet the St | | | uires 45 day eet the SBA | lys Advance notice for any Unplanned/ A requirements. | | DATE RECE | | RECEIVED: | EIVED: | |
| Name of Service Center: | | | | | | | | | | |
| Title of Event: | | | | | | | | | | |
| Organization: | | | | | | | | | | |
| Location: | | | | | | | START DATE | E | ND DATE | |
| Date of Departure: | | | | Date of Return: | | | | | | |
| Description of Event: Justification of Attendance: | | | | | | | | | | |
| Type of transportation: Plane Train Bus Car Other (specify) | | | | | | | | | | |
| Cost: | | | | | | | | | | |
| Registration Fee: | | | | Amanagata | | 0: | | | In-to- | |
| Travel: | | | | Approvals: | | Signatu | ures: | | Date: | |
| Per Diem: | | | | Center Director | | | | | | |
| Per Diem (meals): Hotel: | | | | NMSBDC Associate Sta | | 1 | | | | |
| Misc: | | | | NMSBC Executive State | | | | | | |
| Total: | | | | SBA Project Officer or D | | 1 | | | | |
| TOLAI. | | | | SBA AA/OSBDC or DAA | VOSBDC | | | | | |