



**ATTACHMENT Q
CY25 - SBDC SERVICE CENTER
OUT-OF-STATE OR COUNTRY TRAVEL REQUEST**

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| Out-of-State/Country Travel Request | | |
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|--------------------------|-------------|--------------|--------------|
| Name of Traveler: | LAST | FIRST | M. I. |
|--------------------------|-------------|--------------|--------------|

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| CENTERS: NMSBDC Lead Center requires 45 days Advance notice for any Unplanned/ Unbudgeted Travel for processing to meet the SBA requirements. | DATE RECEIVED: |
|--|-----------------------|

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| Name of Service Center: | | |
|--------------------------------|--|--|

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|------------------------|--|
| Title of Event: | |
|------------------------|--|

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|----------------------|--|
| Organization: | |
|----------------------|--|

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|------------------|--|-------------------|-----------------|
| Location: | | START DATE | END DATE |
|------------------|--|-------------------|-----------------|

| | | | |
|---------------------------|--|------------------------|--|
| Date of Departure: | | Date of Return: | |
|---------------------------|--|------------------------|--|

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|------------------------------|
| Description of Event: |
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| Justification of Attendance: |
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|---|
| 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: | |
| | |

| Approvals: | Signatures: | Date: |
|--|--------------------|--------------|
| Center Director | | |
| NMSBDC Associate State Director | | |
| NMSBC Executive State Director | | |
| SBA Project Officer or District Director | | |
| SBA AA/OSBDC or DAA/OSBDC | | |

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