



# Seventh-day Adventist<sup>®</sup> Church

## TRIP REQUEST

ILLINOIS CONFERENCE

NAME \_\_\_\_\_ Date of Request \_\_\_\_\_

PURPOSE OF TRIP:

### DATE AND DESCRIPTION

Departure date: _____	Return Date: _____	Total days including travel: _____
Destination: _____		
Description of Event/reason for travel: _____		
_____		
_____		
Phone # where you can be reached in Case of Emergency _____		

### EXPENSE

<input type="checkbox"/> Paid by the Inviting Organization	<i>(Attach correspondence from inviting party)</i>	
<input type="checkbox"/> Paid by Self		
<input type="checkbox"/> Requesting Expense Approval		
Travel \$ _____	Lodging \$ _____	
Per Diem \$ _____	Other \$ _____	

DEPARTMENTAL/SUPERVISING PASTOR APPROVAL (where applicable): \_\_\_\_\_

**\*Submit at least SIX weeks prior to making trip arrangements. Last-minute requests will not be considered except in an extraordinary situation. This form must be completed for ALL travel, even if an inviting organization has contacted the Conference first.**

**Note:** International travel requests must be in accordance with NAD C 12.05. Please allow time for additional paperwork to be completed.

### FOR ADMINISTRATIVE USE

Date of ADCOM: ___/___/___	Action# _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comments _____			
_____			
Returned to the Applicant on ___/___/___		_____	
		Administrative Officer	
<input type="checkbox"/> NAD Process Complete (where applicable)			