



College of Agricultural and Environmental Sciences  
Cooperative Extension – 4-H Youth Development Program

**TO:**

**FROM:**

**CC:** CECs, DEDs, PDCs, Extension Specialist Contact

**DATE:**

You are authorized to attend the following out-of-state event:

<b>Event Name:</b>	
<b>Date:</b>	
<b>Location (City, State):</b>	
<b>Time:</b>	Travel Dates:
<b>Volunteer(s) Authorized to attend:</b>	
<b>Role of the Screened Volunteer(s) working with Youth:</b>	<input type="checkbox"/> Group Chaperone <input type="checkbox"/> Driver <input type="checkbox"/> Coach Other: _____
<b>Extension Specialist Contact:</b>	

<b>Expense Authorization: Check all that apply</b>	
Mileage @ current rate [\$___/mile <b>Non carpool:</b> <b>\$___/mile]</b>	
Meals-	
Lodging-	
Registration-	
Max Amount – Not to exceed:	\$_____

**Funded by:**  
\_\_\_\_\_

1/2017