

**Senior Service America, Inc. (SSAI)
Agriculture Conservation Experienced Services (ACES) Program**

8403 Colesville Road, Suite 1200 • Silver Spring, Maryland 20910-3314

Travel Authorization

Enrollee: _____ Date: _____
 Dept.: _____ Region: _____ CQ #: _____
 Travel To: _____ Phone No: _____
 Departure Date: _____ Return Date: _____
 Address: _____ Enrollee Fax #: _____
 Enrollee Phone #: _____ Reason for travel (explain fully): _____

Expenses	Amount
Hotel	\$
Per Diem	
Taxi	
Car Rental	
Parking	
Transportation (Air, Rail, Mileage)	
Total Estimated Travel Costs	\$
Travel Advance Requested	\$
Other (explain on back of form)	

Signature of ACES Enrollee

Date

NRCS Approving Official:	SSAI-ACES Approving Official:
Name	Name
Title	Title
Date	Date

NOTE: All travel for enrollees must be properly authorized as outlined in the ACES Travel Policy. You will not be permitted to travel, nor will the travel agency issue a ticket without proper authorization (via the travel authorization form). This authorization must be attached to your expense report when submitted.