



TEAM TRAVEL AUTHORIZATION

Reference the FIRST Nevada Team Travel Policy BEFORE completing this form.

DATE:

TRAVELER INFORMATION		
FULL NAME	ROLE	TEAM #
FIRST PROGRAM	FLL, FTC, FRC	SCHOOL/ORG

TRAVEL DETAILS	
PURPOSE OF TRAVEL (Brief description)	
MODE OF TRANSPORTATION	
CITY,STATE DEPARTING FROM:	DEPARTURE DATE:
CITY, STATE RETURNING FROM:	RETURN DATE:

ESTIMATE EXPENSES	
LODGING:	\$
TRANSPORTATION:	\$
<u>OTHER (Reference the FIRST Nevada Team Travel Policy for allowed expenses) :</u>	\$
LIST OF ATTENDEES & AFFILIATION TO TEAM: ADULT/MINOR (Note: Attach separate page, as needed)	
TOTAL \$	

FIRST NEVADA USE ONLY - TRAVEL AUTHORIZATION AND FUNDING APPROVAL		
APPROVER	NAME	SIGNATURE
FUND APPROVER	NAME	SIGNATURE
FUNDING SOURCE		

TO BEGIN ROUTING:

- 1)Save a copy of this file
- 2)Complete form
- 3)Print to PDF and save file as YYMMDD Program Team # Destination (ex: 220109FLL12345Reno)
- 4)Email aquick@firstinspires.org to confirm submission

Initial to confirm you understand that you must follow all school/district travel and rental policies.