



SIR FORM 53B

Request for Approval of State Event Involving Travel

Date \_\_\_\_\_

TO: State Board of Directors

FROM: Chairman, State \_\_\_\_\_ Committee

Approval is requested for a State event involving travel, as described below:

- 1. Name of event: \_\_\_\_\_
- 2. Date(s) of event: From \_\_\_\_\_ To \_\_\_\_\_
- 3. Destination(s): \_\_\_\_\_
- 4. Travel Agency: \_\_\_\_\_ CST# \_\_\_\_\_
- 5. Price by accommodation category, charged by travel agency per person and SIR add on per person:

Type Accommodation	Cat.	Agency Price	SIR Add On - Price	Per Rule 369 SIR Foreign Trip \$5.00 Add On - Price	Total Per Person Price Per Cat.
_____	A	\$ _____	+ \$ _____	+ \$ _____	= \$ _____

6. If more than one accommodation category is utilized please fill out Form 53B, Page 2. Page 2 filled out? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Number of meals included: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

8. Type(s) of transportation: \_\_\_\_\_

9. Attractions included: \_\_\_\_\_

10. Travel Agency comp policy (Rule 370): \_\_\_\_\_

11. Designated Member (Rule 407): \_\_\_\_\_

12. Group Leader(s) (Rule 407.a): \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Signature of Originating Committee Chairman

Approval obtained from State Board: \_\_\_\_\_  
Signature of State President

Date of State Board approval: \_\_\_\_\_

- Note: a. Approval of travel event must appear in State Board meeting minutes.
  - b. Dates may be tentative. Prices may be subject to minor adjustments.
- Enclose brochure when available.

**SIR FORM 53B (Continued)**  
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Additional Accommodation Categories

<u>Type Accommodation</u>	<u>Cat.</u>	<u>Agency Price</u>	+	<u>SIR Add On - Price</u>	+	<u>Per Rule 369 SIR Foreign Trip \$5.00 Add On - Price</u>	=	<u>Total Per Person Price Per Cat.</u>
_____	A	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
_____	B	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
_____	C	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
_____	D	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
_____	E	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
_____	F	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
_____	G	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
_____	H	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
_____	I	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
_____	J	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
_____	K	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
_____	L	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____

Distribution after final disposition of the Request --  
 Original retained in State Secretary records.  
 Copy provided for originating Committee records.  
 Copy provided to State Travel Chairman.