AmeriCorps VISTA Emergency Travel Request and Approval Form

To be Completed by the Member MEMBER INFORMATION			
	NSPID: Phone Number:		
Date of Request:			
Reason for Request:			
TRAVEL INFORMATION			
Departure Date:	Return Date:		
Departure City:			
*AmeriCorps VISTA does not reimburse	e for international travel.		
Will AmeriCorps VISTA need to make your travel arrangements?			
☐ Yes, I want AmeriCorps VISTA to arrange and purchase my flight ticket.			
 No, I will drive for my Emergency Travel. I understand that I will receive a round-trip mileage reimbursement between my project site and emergency destination. ◆ The zip code of my destination is 			
□ No, I have already purchased my own economy flight. First Class flights and flights purchased with travel points/ frequent flier miles cannot be reimbursed. Reimbursement is subject to approval by VISTA.			
The VISTA Member Support Unit will contact you to verify other reimbursable expenses related to your travel. Reimbursable expenses may include: roundtrip mileage to your departure airport; economy-rate airport parking (up to \$50); and/or Uber/Lyft/Taxi travel (up to \$50). VISTA does not pay for international travel. Please contact the VMSU if you are traveling internationally.			
Receipts are required for self-purchased	d flights, parking expenses, and Uber/Lyft/Taxi travel.		
To Be Completed by the Sponsor Organ	nization		
Name of Organization:			
Name of Supervisor:	Phone Number:		
CNCS Office of Regional Operations:			

VISTAs are entitled to up to 5 days of emergency leave not counted against personal leave time.

If Emergency Travel is over 5 days, does Member have enough Personal Leave Available? Yes 🗖 No 🗖			
Travel Approved by Sponsor Organization?	Yes 🗖	No 🖵	
Date of Approval:			

^{*}By submitting this form the member is verifying all information is accurate and has an emergency. The sponsor is verifying that the organization has approved this travel and the member has days available (if needed).