			TE TRAVEL AUTHORITY	
Please complet	e (print or type)	and send to	Lainey Crawford, Educa	tion Assistant
Applicant's Full Name:				
Name of Seminar:				
Destination:				
Dates of Meeting/Training:				
Mode of Transportation: 🛛 State Car 🛛 Private Car 🔲 Commercial Plane 🔲 State Plane				
Estimated Expenses FINANCE DEPARTMENT TO COMPLETE				
(please complete this	section)	, _	Actual Expenses	Object Code
Air Fare				
Тахі				
Rental Car (pre-approval ONLY)				
Lodging				
Meals (Per Diem)				
Registration				
Parking				
Other				
TOTAL				
Less Scholarship				
GRAND TOTAL				

Applicant Signature	Date		
Education Manager Signature	 Date		
Administrative Deputy Director Signature	 Date		
Fiscal Services Director Signature	Date		
Please return this form to the AOC for review: 511 Union Street, Suite 600 ATTN: Lainey Crawford Nashville, TN 37219 lainey.crawford@tncourts.gov	Within 30 days of the conclusion of this program, I agree to send a copy of the program materials and a written summary of the topics learned. Additionally, I am willing to present learned information at a TJC CLE session to benefit the conference membership if selected to do so by the Education Committee.		