# Request for Approval

Date of Request_____

Contractor making request (Name):_____

Name of Agency making request:_____

Contact person making request:_____

Type of activity/Title of presentation:_____

Activity date(s):_____

Location of activity (city and/or county)_____

Staff presenter:_____

Expenses Calculation

| Expense | VDDHH Pay | Agency Pay | Total |
|---|---|---|---|
| Hours | | | |
| Mileage (miles x .325) | | | |
| Meals | | | |
| Hotel | | | |
| Interpreter Services | | | |
| Captioning Services | | | |
| Registration Fees | | | |
| Other | | | |

**Approvals:**

**VDDHH:**_____ **Date:**_____

**Outreach Specialist:**_____ **Date:**_____