



**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:

<u>Type Accommodation</u>	<u>Cat.</u>	<u>Agency Price</u>	<u>SIR Add On - Price</u>	<u>SIR Foreign Trip 27.00 Add On - Price</u>	<u>Total Per Person Price Per Cat.</u>
_____	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 \_\_\_\_\_
11. Designated Member \_\_\_\_\_
12. Group Leader(s) \_\_\_\_\_

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. see Policy 13 and Procedure 13

**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>SIR Foreign Trip 27.00 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. Email Copy to  
[Form53BRecipient@sirinc.org](mailto:Form53BRecipient@sirinc.org)