



# The Episcopal Diocese of Hawai'i

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## Youth Event Transportation Request for Funds

(For Inter-Island travel use Youth Event Request Form to Book Inter-Island Air Travel Form)

Event Name: \_\_\_\_\_  
 Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_  
 Name of Person completing report \_\_\_\_\_

We request funds to pay for the following transportation costs:

Date	Vendor	Description/Purpose	Account (office use)	Amount
Attach ORIGINAL receipt for each purchase. Please list Vendor Name, Description (ex: vehicle/bus rental, taxi, etc); Purpose of purchase and amount. Leave Account column blank.			TOTAL:	

Make Check Payable to: \_\_\_\_\_  
 Mail to: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Any questions, please contact Rae Costa at [rcosta@episcopalhawaii.org](mailto:rcosta@episcopalhawaii.org) or 536-7776 x326.

**For office use:**  
 Approved for pymt: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: