



# Harmony, Inc.

## Association Of Harmony Queens Travel Fund Application

Chapter Name / Event Description \_\_\_\_\_

Event Location \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ USA  Canada

City \_\_\_\_\_ ST/PR \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone (w/Area Code): \_\_\_\_\_

Queens Quartet Booked \_\_\_\_\_

Quartet Location \_\_\_\_\_ Distance 1-way from Quartet Location to Event \_\_\_\_\_

Proposed method of travel (air, rail, auto, etc.) \_\_\_\_\_

Estimated **TRAVEL** Cost (Economy airfare, mileage, tolls, airport parking, shuttle, baggage etc.) \_\_\_\_\_

Estimated **ACCOMMODATION** Cost (no meals) \_\_\_\_\_

Anticipated Total Cost \_\_\_\_\_ Would you prefer US Dollars  or Canadian Dollars

Date of Event \_\_\_\_\_

Has your Chapter/Area used the Travel Fund during the current calendar year? Yes  No

If this is an Area Educational Event has this application been approved by your Area Director? Yes  No

**Please send to current Association of Harmony Queens Travel Fund Chairman:**

Association of Harmony Queens Travel Fund Chairman  
Harmony, Inc.  
4475 Line 9N  
Coldwater, ON L0K 1E0 CANADA  
Email: [qtf@harmonyinc.org](mailto:qtf@harmonyinc.org)

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**FOR ASSOCIATION OF HARMONY QUEENS USE ONLY**

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Maximum Grant Allowed \$ \_\_\_\_\_ U.S. Proposed Grant \$ \_\_\_\_\_ U.S.

Confirmed Actual **TRAVEL** Cost \$ \_\_\_\_\_ U.S. Date Rec'd \_\_\_\_\_

Date Payment Requested from Executive Assistant, Finance \_\_\_\_\_

Amount of Payment \$ \_\_\_\_\_ U.S.