

*Submitted Date
*Form Control Number



Department Control Number (Not Recorded in FINET)

*Department Name

*Division

TO: Director of Department

REQUEST FOR IN STATE TRAVEL AUTHORIZATION

1. Traveler *Employee Number: *Name:
Non-State *Dept / Unit: Title:

2. Destination of Travel Hotel
Is this the conference hotel or meeting location? **Yes** **No**

3. Date Leaving Time Leaving Home Base
(MM/DD/YYYY) (HH:MM am/pm)
Date Returning Time Arriving at Home Base
(MM/DD/YYYY) (HH:MM am/pm)

4. Inclusive Dates of Convention or Meeting attended, or Tour of Duty: from: to:
(MM/DD/YYYY) (MM/DD/YYYY)

5. Mode of Transportation
Airplane (commercial)
Airplane (state-owned)
Private Auto
(Attach Air Fare/Mileage comparison from State Travel Office.)
State-Owned Auto
Other (specify)

Estimated Costs:
Transportation
Car Rental (Attach Justification)
Buses , Taxis & Other
Lodging Per Diem Allowance:
Total Nights @ Amount

Important: Car rentals are not allowed when you are staying in a conference hotel or if your business meetings will be held at this hotel. If you need a rental vehicle, please note the purpose in the comments section of this form.

X

Meals
Registration Fee Subtotal

Less meals provided
Less lodging provided Net Expenses

Is a travel advance requested? **Yes** **No**

90% of Meals & Incidentals

Amount Advanced

Fund	Dept	Unit	Approp	Activity	Func	Object	Program	Phase	Amount

6. Purpose of Travel/Comments: (Attach Copy of Convention or Meeting Agenda)

*Fields Required to save form.

*Traveler's Signature

*Department / Department Budget Officer

*Division Director or Authorized Agent Approval
(Can be the same as B&A Officer or Authorized Agent)

Department Head or Authorized Agent Approval (written signature only)

Original of this form is to be submitted with Reimbursement Request. Copy must be attached to Travel Advances and Registration Payments.