

*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)

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.

5. Mode of Transportation Estimated Costs:
- Airplane (commercial)
 - Airplane (state-owned)
 - Private Auto
(Attach Air Fare/Mileage comparison from State Travel Office.)
 - State-Owned Auto
 - Other (specify)
- Transportation
 - Car Rental (Attach Justification)
 - Buses , Taxis & Other
 - Lodging Per Diem Allowance:
Total Nights @ Amount
 - X**
 - Meals
 - Registration Fee

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

90% of Meals & Incidentals

Amount Advanced

Subtotal

Less meals provided

Less lodging provided

Net Expenses

Fund	Dept	Unit	Approp	Activity	Func	Object	Program	Phase	Amount

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

 *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)

*Required Fields