FI 5 IS FY24 AR Revised: 07/2023 Division of Finance

\*Submitted Date

For questions, call (385) 214-7352 or email: statetravel@utah.gov

\*Form Control Number

**Note**: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

TO: Director of Department

Department Head or Authorized Agent Name



Department Control Number (Not Recorded in FINET)

\*Department Name

\*Division \*Required Fields

## REQUEST FOR IN STATE TRAVEL AUTHORIZATION

Traveler *Employee Number:					*Name:						
Non-State *Dept / Unit:					Title:						
2. Desti	nation of	Travel				Hotel					
Is this the conference hotel or meeting location?							No	Important	: Car rentals are no	t allowed when you are staying	
3. Date	Date Leaving			ime Leavir	ng Home Base			in a conference hotel or if your business meetings will be held at this hotel. If you need a rental vehicle, please note			
Date	e Returnii		DD/YYYY)	Time Arriving at Home		(HH:MM am/pm) e Base		the purpose in the comments section of this form.			
(MM/DD/YYYY) (HH:MM am/pm)											
4. Incli	usive Dat	es of Co	nvention or	Meeting at	ir of Duty:	from:	(MM/E	DD/YYYY)	to: (MM/DD/YYYY)		
5. Mode of Transportation							ated Costs:				
Airplane (commercial)							Transportation				
Airplane (state-owned)						Car Rental (Attach Justification)					
Private Auto (Attach Air Fare/Mileage comparison from State Travel Office.)						Buses , Taxis & Other					
State-Owned Auto						Lodging Per Diem Allowance:  Total Nights @ Amount					
	ner (spe					Х	Ü				
							Meals				
						Reg	istration Fee				
Is a travel advance requested? Yes No						Subtotal					
90% of Meals & Incidentals						Less meals provided					
						Less lodging provided					
Amount Advanced						Net Expenses					
Fund	Dept	Unit	Approp	Activity	Func	Object	Program	1	Phase	Amount	
6. Purpose of Travel/Comments: (Attach Copy of Convention or Meeting Agenda)											
*Traveler's Signature											
*Department / Department Budget Officer Name						Officer Signature		Executive Directors who report to the Governor must have all travel approved by the Governor's			
						3			Chief of Staff or designee. Executive directors who do not report to the Governor must have their deputy or budget officer sign for department		
*Division Director or Authorized Agent Name  (Can be the same as B&A Officer or Authorized Agent)  (Can be the same as B&A Officer or Authorized Agent)  (Can be the same as B&A Officer or Authorized Agent)								appro	val.		
								Chief of Staff Signature			

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

Department Head or Authorized Agent Approval