



*Department Name

*Division

TO: Director of Department

REQUEST FOR OUT OF 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)

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.

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
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)

*Required Fields

 Traveler's Signature

 Department / Department Budget Officer

 Division Director or Designee

 Department Head or Authorized Agent Approval (written signature only)