5 FY24 AR /ised: 07/2023 ision of Finan questions, (385) 214-7352 iil: Travel@utah	ce Date Note: comp or down	leting the load form	ted eatures may not w form in the brow ns to a PDF befou Il forms are down	vser. Please re entering	THE WIT		Department *Departmen *Division		lot Recorded in FINET)	
TO: Direct	or of Depa	Irtmen	t		*Required Fields					
	RE	QUE	EST FOF	R OUT	OF STAT		EL AUTI	HORIZATI	ON	
1. Travele	r *Emplove	ee Nur	mber:		*Name:					
Non-Sta		pt / Ur			Title:					
2. Destinat	ion of Trav	/el				Hotel				
			ce hotel or n	neeting le	ocation?	Yes	No	Important: Car rantala	are not allowed when you are staving	
3. Date Lo Date R	eaving eturning	(MM/DD/*	Ť		aving Home B ing at Home B	ASC in a cc (HH:MM am/pm) the pu		in a conference hotel of held at this hotel. If yo	ortant: Car rentals are not allowed when you are staying conference hotel or if your business meetings will be a this hotel. If you need a rental vehicle, please note purpose in the comments section of this form.	
(MM/DD/YYYY) (HH:MM am/pm) 4. Inclusive Dates of Convention or Meeting attended, or Tour of Duty: from: (MM/DD/									to: (MM/DD/YYYY)	
5. Mode of Hansportation       Estimated Costs:         Airplane (commercial)       Transportation         Airplane (state-owned)       Car Rental (Attach Justification)         Private Auto       Buses , Taxis & Other         (Attach Air Fare/Mileage comparison from State Travel Office.)       Edding Per Diem Allowance:         State-Owned Auto       @ Amount         Other (specify)       X										
Is a travel advance requested? Yes No 90% of Meals & Incidentals Amount Advanced						Regi	stration Fee	Sul	btotal	
						Less meals provided Less lodging provided Net Expenses				
Fund	Dept U	nit	Approp	Activity	Func	Object	Program	m Phas	e Amount	
6. Purpos	e of Trave	l/Com	ments: (Atta	ch Copy o	f Convention or Mo	eeting Agenda	a)			
*Department / Department Budget Officer Name					*Traveler's Signature *Department / Department Budget Officer Signature			Executive Directors who report to the Governor must have all travel approved by the Governor's Chief of Staff or designee. Executive directors who do not report to the Governor must have their deputy or budget		
*Division Direct	or or Designee	ivame		Division	*Division Director or Designee Signature Department Head or Authorized Agent Approval				officer sign for department approval.	

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