COLORADO DEPARTMENT OF TRANSPORTATION Out of State OUT OF STATE TRAVEL REQUESU Washington D.C. ÞU V Ò KÁQDÁVÜ CEX Ò ŠÁQÚÁVU ÁY CILÈP QPÕ VU ÞÁ Ö PÉÐÉÐÚ Ü ÁU W ÁU Ø ÁÐU MÞ VÜ Ÿ ÉÐÚ ŠÒ CILÌ Ò ÂÛ MÓT QY VPÒ⁄ÃÔÔÁ/ÜŒXÒŠÁÐUÜT ÁŒVŒÔPÒÕÁ/UÁÚŌÁŒÏ ÆÁ/UÁ/PÒÂÒÝÔWŒÒÁŌÓÔÓÜÒÔVUÜŒJÁJØØØÒÒ **Out of Country** ØUÜÃOUXÒÜÞUÜÒÁJØØÔÒÁŒÚÚÜUXŒŠÁÚÜQJÜÁ/UÁ/ÜŒXÒŠ INDICATE REASON FOR SUBMITTING FORM Trip is not on the existing out-of-state travel plan. Trip is on the existing out-of-state travel plan, but the purpose and/or destination of the trip has changed Trip is on the existing out-of-state travel plan, but the estimated expenditure will cause the aggregate annual total to exceed the approved annual total of the fiscal year out-of-state travel plan. Other (specify): TRIP NUMBER ON PLAN IS: TRAVELER INFORMATION NAME & TITLE: CDOT Division or Other Agency/Organization Name: Phone: Email Address: Name & Phone of Emergency Contact (optional): Name of Person(s) Arranging Travel: TRIP INFORMATION Departure Date: Return Date: Origination: Destination: PURPOSE OF TRAVEL (Name or Description of Event or Meeting Etc.): Role at Conference/Meeting: Committee Presenter/ Attendee **Panelist** Member JUSTIFICATION OF TRAVEL (Why do you need to attend? What is the content/value of the event? Is this a new or recurring trip?) FUNDING SOURCE (Example: State, Federal, Other Entity): Cost Center or WBS: Function Number or Area: **Estimated Expenditures** DOES CHANGE TO FY OUT-OF-STATE TRAVEL PLAN **Enter Dollar Amount EXCEED AGGREGATE ANNUAL AMOUNT? IF YES, IN WHAT** Airfare/Train/Other \$ AMOUNT? \$ Lodging \$ Meals \$ Mileage **TOTAL AVAILABLE TRAVEL BUDGET TO DATE:** \$ Ground Transportation \$ Registration Fees Rental Car \$ **Additional Notes:** Parking \$ Overnight Incidentals \$ \$ Other: Other: \$ Ś TOTAL ESTIMATED EXPENDITURES DATE: _____ **SIGNATURE OF TRAVELER:** DATE: _____ SIGNATURE OF DIVISION DIRECTOR: DATE: _____ SIGNATURE OF EXECUTIVE DIRECTOR: