



OUT OF STATE TRAVEL REQUEST AND AUTHORIZATION

Shaded Areas for Dept, Institution or Agency Use					Out of State		Out of Country				
TRAVELER INFORMATION: NAME:						TITLE:					
PHONE:		EMAIL ADDRESS:			FUNDING SOURCE: General ____% Cash Fund ____% Cash Funds Exempt ____% Federal ____% Personal/Employee ____%						
FUND:	AGENCY:	ORG:	APPR:	PROGRAM:	FUNCTION:	OBJ:	SUB-OBJ:	GBL:	RPTG:		
ORIGINATION		DESTINATION		DEPARTURE			RETURN				
				DATE	/	/	TIME	DATE	/	/	TIME
ESTIMATED EXPENDITURES					MAXIMUM AUTHORIZED EXPENDITURE						
TRANSPORTATION – AIR		\$			TRANSPORTATION – AIR		\$				
TRANSPORTATION – OTHER		\$			TRANSPORTATION – OTHER		\$				
LODGING		\$			LODGING		\$				
MEALS		\$			MEALS		\$				
REGISTRATION FEE IF ANY		\$			REGISTRATION FEE IF ANY		\$				
INCIDENTAL EXPENSES		\$			INCIDENTAL EXPENSES		\$				
TOTAL		\$			TOTAL MAXIMUM AUTHORIZATION		\$				
					For Which Reimbursement						
					Can Be Obtained		\$				
METHODS OF PAYMENT:											
State ONE Card		State Central Travel Card			State IB Travel Card		Central Travel Account for Airfare				
AIRLINE (VENDOR NAME)				RENTAL CAR AGENCY (VENDOR NAME)							
				AVIS	BUDGET	ENTERPRISE	NATIONAL	HERTZ	N/A	OTHER _____	
PURPOSE AND JUSTIFICATION OF TRAVEL											
NON-CONFERENCE RELATED		CONFERENCE RELATED – NAME OF CONFERENCE _____									
IDENTIFY PERSONS AND/OR ORGANIZATIONS TO BE CONTACTED (THIS FORM MUST BE SUBMITTED TO THE GOVERNOR'S OFFICE FOR REVIEW. IF TRAVEL IS FOR WASHINGTON D.C., THE FORM MUST SPECIFY CONTACTS WITH ANY MEMBER OF CONGRESS, HIS OR HER STAFF, OR FEDERAL GOVERNMENT DEPARTMENT OR AGENCY PERSONNEL.)											
NAMES		TITLE			ORGANIZATION			TOPIC			
_____		_____			_____			_____			
_____		_____			_____			_____			
_____		_____			_____			_____			
_____		_____			_____			_____			
_____		_____			_____			_____			
SIGNATURE OF TRAVELER _____ DATE ____ / ____ / ____											
APPROVED		SIGNATURE OF APPOINTING AUTHORITY					DATE				
DISAPPROVED		_____					<input type="text"/> / <input type="text"/> / <input type="text"/>				
APPROVED		SIGNATURE OF EXECUTIVE DIRECTOR (OR DELEGATE)					DATE				
DISAPPROVED		_____					<input type="text"/> / <input type="text"/> / <input type="text"/>				