



# OUT OF STATE TRAVEL REQUEST AND AUTHORIZATION

|   |                |  |              |   |   |  |                 |             |              |
|---|----------------|--|--------------|---|---|--|-----------------|-------------|--------------|
| All Out of State and Out of Country travel authorization forms must be submitted to the Governor's Office for review.   |                |  |              |   | Out of State                            | Out of Country   |                 |             |              |
| <b>TRAVELER INFORMATION:</b> NAME:  |                |  |              |   | TITLE:                                  |  |                 |             |              |
| PHONE:  |                | EMAIL ADDRESS:                                       |              | <b>FUNDING SOURCE:</b> General ____% Cash Fund ____%<br>Cash Funds Exempt ____% Federal ____% Personal/Employee ____% |   |  |                 |             |              |
| <b>FUND:</b>  | <b>AGENCY:</b> | <b>ORG:</b>  | <b>APPR:</b> | <b>PROGRAM:</b>   | <b>FUNCTION:</b>                        | <b>OBJ:</b>  | <b>SUB-OBJ:</b> | <b>GBL:</b> | <b>RPTG:</b> |
| ORIGINATION   |                | DESTINATION  |              | DEPARTURE   |   |  | RETURN          |             |              |
|   |                |  |              | DATE / / TIME   |   |  | DATE / / TIME   |             |              |
| <b>ESTIMATED EXPENDITURES</b>   |                |  |              |   | <b>MAXIMUM AUTHORIZED EXPENDITURE</b>   |  |                 |             |              |
| TRANSPORTATION – AIR  |                | \$ _____   |              |   | TRANSPORTATION – AIR                    |  | \$ _____        |             |              |
| TRANSPORTATION – OTHER  |                | \$ _____   |              |   | TRANSPORTATION – OTHER                  |  | \$ _____        |             |              |
| LODGING   |                | \$ _____   |              |   | LODGING                                 |  | \$ _____        |             |              |
| MEALS   |                | \$ _____   |              |   | MEALS                                   |  | \$ _____        |             |              |
| REGISTRATION FEE IF ANY   |                | \$ _____   |              |   | REGISTRATION FEE IF ANY                 |  | \$ _____        |             |              |
| INCIDENTAL EXPENSES   |                | \$ _____   |              |   | INCIDENTAL EXPENSES                     |  | \$ _____        |             |              |
| <b>TOTAL</b>  |                | \$ _____   |              |   | <b>TOTAL MAXIMUM AUTHORIZATION</b>      |  | \$ _____        |             |              |
|   |                |  |              |   | For Which Reimbursement Can Be Obtained |  | \$ _____        |             |              |
| <b>METHODS OF PAYMENT:</b>  |                |  |              |   |   |  |                 |             |              |
| State ONE Card  |                | State Central Travel Card                            |              | State IB Travel Card  |   | Central Travel Account for Airfare                                 |                 |             |              |
| <b>AIRLINE (VENDOR NAME)</b>  |                |  |              | <b>RENTAL CAR AGENCY (VENDOR NAME)</b>  |   |  |                 |             |              |
|   |                |  |              | AVIS    BUDGET    ENTERPRISE    NATIONAL    HERTZ    N/A    OTHER _____   |   |  |                 |             |              |
| <b>PURPOSE AND JUSTIFICATION OF TRAVEL</b>  |                |  |              |   |   |  |                 |             |              |
| NON-CONFERENCE RELATED    CONFERENCE RELATED – NAME OF CONFERENCE _____   |                |  |              |   |   |  |                 |             |              |
| <b>IDENTIFY PERSONS AND/OR ORGANIZATIONS TO BE CONTACTED:</b> 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. |                |  |              |   |   |  |                 |             |              |
| <b>NAMES</b>  |                | <b>TITLE</b>   |              | <b>ORGANIZATION</b>   |   |  | <b>TOPIC</b>    |             |              |
| _____   |                | _____  |              | _____   |   |  | _____           |             |              |
| _____   |                | _____  |              | _____   |   |  | _____           |             |              |
| _____   |                | _____  |              | _____   |   |  | _____           |             |              |
| _____   |                | _____  |              | _____   |   |  | _____           |             |              |
| _____   |                | _____  |              | _____   |   |  | _____           |             |              |
| <b>SIGNATURE OF TRAVELER</b> _____  |                |  |              |   | <b>DATE</b> /    /                      |  |                 |             |              |
| <b>APPROVED</b>   |                | <b>SIGNATURE OF APPOINTING AUTHORITY</b>             |              |   |   | <b>DATE</b>  |                 |             |              |
| <b>DISAPPROVED</b>  |                | _____  |              |   |   | <input type="text"/> / <input type="text"/> / <input type="text"/> |                 |             |              |
| <b>APPROVED</b>   |                | <b>SIGNATURE OF EXECUTIVE DIRECTOR (OR DELEGATE)</b> |              |   |   | <b>DATE</b>  |                 |             |              |
| <b>DISAPPROVED</b>  |                | _____  |              |   |   | <input type="text"/> / <input type="text"/> / <input type="text"/> |                 |             |              |