



# OUT OF STATE TRAVEL REQUEST AND AUTHORIZATION

All Foreign and Washington, D.C. travel authorization forms must be submitted to the Governor's Office for review. Out of State travel authorization forms may require review by the Governor's Office as determined by each Agency's Approving Authority.

OUT OF STATE

FOREIGN

**TRAVELER INFORMATION:**

NAME:					TITLE:				
PHONE:		EMAIL ADDRESS:			FUNDING SOURCE: General ____% Cash Fund ____%				
					Cash Funds Exempt ____% Federal ____% Personal/Employee ____%				

*CABINET	*DEPT	*FUND	SUB-FUND	*UNIT	SUB-UNIT	ACTIVITY	FUNCTION	LOCATION	*APPROP UNIT	TASK	RPTG CODE	MAJ PRG	DEPT OBJ FUEL	DEPT REV
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ORIGINATION	DESTINATION	DEPARTURE	RETURN
		DATE: / / TIME:	DATE: / / TIME:

ESTIMATED EXPENDITURE:			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:	RENTAL CAR AGENCY:
	<input type="checkbox"/> AVIS <input type="checkbox"/> BUDGET <input type="checkbox"/> ENTERPRISE <input type="checkbox"/> NATIONAL <input type="checkbox"/> HERTZ <input type="checkbox"/> N/A <input type="checkbox"/> OTHER _____

**PURPOSE AND JUSTIFICATION OF TRAVEL** (*additional space for details on page 2*):

NON-CONFERENCE RELATED     
  CONFERENCE RELATED - NAME OF CONFERENCE \_\_\_\_\_

**IDENTIFY PERSONS AND/OR ORGANIZATIONS TO BE CONTACTED:** 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 style="width: 100%;" type="text"/>	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>

APPROVED	SIGNATURE OF EXECUTIVE DIRECTOR (OR DELEGATE)	DATE:
DISAPPROVED	<input style="width: 100%;" type="text"/>	<input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>

TRAVELER NAME:

PURPOSE AND JUSTIFICATION OF TRAVEL DETAILS: