

**OUT - OF - STATE TRAVEL REQUEST
AND AUTHORIZATION**

**SECTION A (For use by Division or Agency) Type or Print
Forward to Executive Director of Department at Least 10 Days Prior to Departure**

1. Name of Traveler and Title		2. Department, Institution or Agency	
3. Request No.	4. Agency No.	5. Fund No.	
6. Station	7. Destination	8. G/L Account No.	
9. Estimated Expenditures from Fund No. _____		10. Mode of Travel	
TRANSPORTATION	\$ _____	<input type="checkbox"/>	STATE AUTO
MEALS	\$ _____	<input type="checkbox"/>	PRIVATE AUTO
LODGING	\$ _____	<input type="checkbox"/>	COMMERCIAL PLANE
REGISTRATION FEE	\$ _____	<input type="checkbox"/>	STATE PLANE
INCIDENTAL EXPENSES (Explain)	\$ _____	<input type="checkbox"/>	TRAIN
		<input type="checkbox"/>	BUS
TOTAL	\$ _____	<input type="checkbox"/>	OTHER _____
11. Time and Date of Departure		12. Time and Date of Return	

13. Purpose and Justification of Travel

14. Identify Persons and/or Organizations to be Contacted

15. Signature of Requesting Officer	16. Date
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SECTION B (For Use By Department)

17. Maximum Authorized Expenditure:

TRANSPORTATION	\$	_____
MEALS	\$	_____
LODGING	\$	_____
REGISTRATION FEE	\$	_____
INCIDENTAL EXPENSES	\$	_____
TOTAL MAXIMUM AUTHORIZATION	\$	_____

For Which Reimbursement can be obtained

18. Remarks:

19. Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Signature of Executive Director	20. Date
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