

Out-of-State Travel Request Form

Name of Traveler/Title:				Agency Request Number:			
Division:			Unit:			Date of Request:	
Proposed trip (city, state)							
From:				To:			
Inclusive dates of departure and return:	Month/Day/Year		Inclusive dates of attendees:	Month/Day/Year		Number of previous out-of-state trips by traveler this fiscal year:	Number of persons making this trip:
	From	To		From	To		
Detailed explanation of request. (Explain purpose of trip and how it meets the tangible benefit criteria defined in DAS out-of-state travel policy 810-01. If more than one person is traveling, indicate why. Attach a copy of the agenda, course description or invitation.)							
TRANSPORTATION / HOTEL / MEALS						COST TO AGENCY	COST REIMBURSABLE TO INDIVIDUAL
<input type="checkbox"/> State auto _____ days @ _____ per day						\$	\$
<input type="checkbox"/> State/Personal auto _____ miles @ _____ per mile						\$	\$
<input type="checkbox"/> Airfare						\$	\$
<input type="checkbox"/> Hotel _____ nights @ _____ night						\$	\$
<input type="checkbox"/> Meals First day @ _____ per day						\$	\$
<input type="checkbox"/> Meals _____ days @ _____ per day						\$	\$
<input type="checkbox"/> Meals Last day @ _____ per day						\$	\$
MISCELLANEOUS						Total of All Miscellaneous	
Registration/Tuition Fee \$		Shuttle/Taxi/Bus \$		Other (specify) \$		\$	\$
Signature of Traveler: _____				Date: _____		GRAND TOTAL	\$
DIVISION BUSINESS OFFICE USE							
Source of funds: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Personal <input type="checkbox"/> Other (specify) _____							
Fund Code		Appropriation Line Item Number		Department		Program	
						Agency Use	
IN-HOUSE APPROVALS							
Signature of Supervisor/Manager _____				Signature of Business Manager _____			
Date _____				Date _____			
Signature of Division Deputy Director _____				Date _____			
DAS Finance Comments							
Signature of Chief Financial Officer or Designee _____				Signature of Director or Designee _____			
Date _____				Date _____			