

**Submitted Date

**Form Control Number



Department Control Number (Not Recorded in FINET)

*Department Name

*Division

TO: Director of Department

REQUEST FOR IN STATE TRAVEL AUTHORIZATION

1. Traveler *Employee Number: *Name:
 Non-State *Dept / Unit: Title:

2. Destination of Travel Hotel
 Is this the conference hotel or meeting location? **Yes** **No**

3. Date Leaving Time Leaving Home Base
(MM/DD/YYYY) (HH:MM am/pm)
 Date Returning Time Arriving at Home Base
(MM/DD/YYYY) (HH:MM am/pm)

Important: Car rentals are not allowed when you are staying in a conference hotel or if your business meetings will be held at this hotel. If you need a rental vehicle, please note the purpose in the comments section of this form.

4. Inclusive Dates of Convention or Meeting attended, or Tour of Duty: from: to:
(MM/DD/YYYY) (MM/DD/YYYY)

5. Mode of Transportation
 Airplane (commercial)
 Airplane (state-owned)
 Private Auto
(Attach Air Fare/Mileage comparison from State Travel Office.)
 State-Owned Auto
 Other (specify)

Estimated Costs:
 Transportation
 Car Rental (Attach Justification)
 Buses , Taxis & Other
 Lodging Per Diem Allowance:
Total Nights @ Amount
X
 Meals
 Registration Fee
Subtotal
 Less meals provided
 Less lodging provided
Net Expenses

Is a travel advance requested? **Yes** **No**

90% of Meals & Incidentals

Amount Advanced

Fund	Dept	Unit	Approp	Activity	Func	Object	Program	Phase	Amount

6. Purpose of Travel/Comments: (Attach Copy of Convention or Meeting Agenda)

*Fields Required to save form. **Read Only Fields.

**Traveler's Signature

**Department / Department Budget Officer

**Division Director or Designee Approval Disapproval

Department Head or Authorized Agent Approval (written signature only)

Original of this form is to be submitted with Reimbursement Request. Copy must be attached to Travel Advances and Registration Payments.