

REQUEST FOR OUT-OF-STATE TRAVEL AND/OR TRAVEL ADVANCE

| | | |
|------|-----|------------|
| DEPT | | DOC NUMBER |
| GAX | ADV | |

PLEASE SEND TO: Travel Coordinator

Employees are responsible for complying with State Travel Policy, as set forth in Chapter 10 of the SAAM manual and any interpretations made by the Office of the State Controller.

DATE SUBMITTED: _____

VENDOR NUMBER not SSN: _____

NAME: _____
first middle initial last

JOB TITLE _____

WORK ADDRESS: _____

CITY: _____ PHONE: _____

HOME ADDRESS: _____

CITY: _____ PHONE: _____

BARGAINING UNIT: _____

DEPT/AGENCY: _____

BUREAU/DIVISION: _____

| FUND | DEPT | UNIT | SUB UNIT 2 digit | PROG | PPC |
|--------|-----------------------------|------|---------------------|------|--------|
| | | | | | |
| OBJECT | DESCRIPTION | | | | AMOUNT |
| 4298 | IN STATE TRAVEL ADVANCE | | | | |
| 4398 | OUT OF STATE TRAVEL ADVANCE | | | | |

ESTIMATED COST:

| | | | |
|--------------|-----------------|------|-------|
| AIR FARE | | | |
| MILEAGE | (_____ miles) | 0.46 | _____ |
| TOLLS | | | _____ |
| MEALS | (_____ meals) | | _____ |
| LODGING | (_____ nights) | | _____ |
| REGISTRATION | | | _____ |
| OTHER | Shuttles | | _____ |
| TOTAL | | | _____ |

DESTINATION: _____ CITY: _____ COUNTY: _____ STATE: _____

DEPARTURE DATE _____ TIME: _____ RETURN DATE: _____ TIME: _____

PERSON(S) TRAVELING WITH ME: _____

Name of Conference/Event/Meeting/Training: _____

- Travel directly related to the care of residents, wards, foster children and other individuals under State care or protection;
 - Travel required in the execution of law enforcement investigations, interstate contracts directly related to the extradition of an individual to or from a correctional facility;
 - Travel directly involved in the securing of revenue, or that directly impacts revenue;
 - Travel required in emergencies or other extraordinary circumstances; JUSTIFY
- OR:**
- Requesting approval for out of state travel. Justification for this request: JUSTIFY BELOW

JUSTIFICATION:

HOTEL ROOM RATE WAIVER - DIVISION DIRECTOR SIGNATURE _____ DATE: _____

RENTAL CAR APPROVAL - DIVISION DIRECTOR SIGNATURE _____ DATE: _____

APPROVAL

AGENCY TRAVEL COORDINATOR (Required for Travel Advances only): _____ DATE: _____

SUPERVISOR/BUREAU DIRECTOR: _____ DATE: _____

Department Commissioner/Commissioner Designee or Agency Head

Signature: _____ Date: _____

Printed: _____

APPROVED **DISAPPROVED**