

REQUEST FOR OUT-OF-STATE TRAVEL AUTHORITY

Please complete (print or type) and send to Education Manager

Applicant _____

Purpose of Trip _____

Destination _____

Dates of Meeting/Training _____

Mode of Transportation: State Car ___ Private Car ___ Commercial ___ State Plane ___

For Finance Department to Complete

	<u>Estimated Expenses</u>	<u>Actual Expenses</u>	<u>Object Code</u>
Transportation	\$ _____	\$ _____	_____
Lodging	_____	_____	_____
Meals (per diem)	_____	_____	_____
Registration	_____	_____	_____
Parking	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
Less scholarship	_____	_____	_____
Grand Total	\$ _____	\$ _____	_____

ALLOTMENT & COST CENTER

Applicant Date

Education Manager Date

Administrative Director Date

Assistant Director - Finance Date