### Out-of-State Travel Authorization

|  |  |
| --- | --- |
| Date: | **5/27/2020** |

It is requested that travel authorization be approved for:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | |  | | | | | |  | | | | | | | | | |  | |
|  | | Employee Name | | | | | | Title | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| 2. | | **Purpose of Trip:** | |  | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| 3. | | **Is this travel for training purposes:** | | | | Yes  No | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| 4. | | **Destination(s):** | |  | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| 5. | | **Mode of Travel:** | | |  | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| 6. | | **Date of Departure:** | | |  | | | | | **Date of Return:** | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| 7. | | **Employee Budget:** | | |  | **Function:** | | |  | | **Object:** | 275 | | | **Job #:** | |  |  | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | **FAP #:** | | |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8. | | | **Estimated Cost For:** | | **a.** | **Transportation:** | | | | | | | | |  | | |
|  | | |  | |  | Air Travel | | | | | | | | |  | |  |
|  | | |  | |  | State/Personal Car | | | | | | | | |  |  | |
|  | | |  | |  | Rental Car | | | | | | | | |  |  | |
|  | | |  | |  | Other Ground Transportation | | | | | | | | |  |  | |
|  | | |  | | **b.** | **Meals and Lodging** | | | | | | | | |  |  | |
|  | | |  | | **c.** | **Registration Fees** | | | | | | | | |  |  | |
|  | | |  | | **d.** | **Miscellaneous Items** | | | | | | | | |  |  | |
|  | | |  | | Estimated Total Cost | | | | | |  | | | $0.00 | |  | |
|  | | | | | | | | | | | | | | | | | |
|  | | Amount reimbursed to ArDOT from | | | | |  | | | |  | | |  | |  | |
|  | | | | | Net ArDOT Cost | | | | | |  | | | $0.00 | |  | |
|  | | | | | | | | | | | | | | | | | |
|  | **Submitted by:** | | |  | | | |  | | | | | | | |  | |
|  | | | | Traveler | | | |  |  |  | | | | | |  | |
|  | **Requested by:** | | |  | | | | **Approved by:** | | | |  | | | |  | |
|  | | | |  | | | |  | | | | Division Head |  | | |  | |

|  |  |  |
| --- | --- | --- |
|  | Submit Original Only. |  |