

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

PLEASE SEND TO: Travel Coordinator

DEPT		DOC NUMBER
	ADV	

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)	0.56
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:	
<input type="checkbox"/> Travel directly related to the care of residents, wards, foster children and other individuals under State care or protection;	
<input type="checkbox"/> 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;	
<input type="checkbox"/> Travel directly involved in the securing of revenue, or that directly impacts revenue;	
<input type="checkbox"/> Travel required in emergencies or other extraordinary circumstances; JUSTIFY BELOW	
OR:	
<input type="checkbox"/> 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:	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED