

EMPLOYEE TRAVEL AUTHORIZATION FORM

EMPLOYEE NAME		EMPLOYEE ID	
DEPARTMENT		DEPARTURE DATE	
POSITION TITLE		RETURN DATE	
DESTINATION (City, State/Country)			

BUSINESS PURPOSE (check one): ☐ Audit-Inspection-Licensing; ☐ Client Support; ☐ Conference; ☐ Construction-Repair-Maintenance; ☐ Economic Development; ☐ General Expense/Other; ☐ Legal-Law Enforcement; ☐ Legislator; ☐ Meeting; ☐ Training;

EXPLANATION of TRAVEL (attach additional information as necessary):

EXPENSES	✓ Payment Method	Est. Cost
Airfare	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Mileage (personal vehicle)	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Rental Vehicle	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Other Transportation	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	

EXPENSES	✓ Payment Method	Est. Cost
Lodging	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Meals	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Registration Fee	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Other Expenses	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
TOTAL ESTIMATED COSTS		

➤ **Important:** When applicable, complete "Authorization of Employee Expenses to be Paid by a Third-Party Organization" form.

EMPLOYEE CERTIFICATION	
By signing below, I certify the requested travel is appropriate and necessary for conducting official State business, and agree to comply with the Agency of Administration's Bulletin 3.4: Employee Travel & Expense Policy .	
SIGNATURE _____	DATE _____

DEPARTMENT HEAD (or Designee) AUTHORIZATION			
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED	
PRINTED NAME & TITLE _____			
SIGNATURE _____	DATE _____		

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SECRETARY OF ADMINISTRATION AUTHORIZATION for OUT-OF-COUNTRY TRAVEL			
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED	
SIGNATURE _____	DATE _____		