

AWARD# _____

SUBRECIPIENT

AGENCY

PROJECT DIRECTOR

PHONE#:

ADDRESS

CITY

ZIP:

ATTENDEE(S)

NAME

TITLE

PHONE#:

NAME

TITLE

PHONE#:

TRIP DETAILS

TRIP DATE [Month/Day(s)/Year]

DESTINATION (City/State)

DESCRIPTION (Meeting/Conference/Other)

JUSTIFICATION (Indicate the need for the trip and the benefits to the State. Use additional pages if necessary. Attach brochure if available.)

Recipient must attach Cost Worksheet to the Out-of-State Travel Request.

FOR POST USE ONLY

RECOMMENDATION:

Approve

Disapprove

Program Specialist

Date

Bureau Chief

Date

OUT-OF-STATE TRAVEL REQUEST COST WORKSHEET

Travel Policy – are the rates based on internal policy or the state’s travel policy? Please specify:

Internal Travel Policy

State Travel Policy

Date of Trip: _____

Destination: _____

Purpose: _____

ESTIMATED COSTS

TRANSPORTATION: AMOUNT

Airfare: \$ _____

Additional Airport Expenses

Mileage: (58 cents per mile) \$ _____

Taxi/Shuttle: \$ _____

Parking: \$ _____

Additional Airport Expenses

Private Car: \$ _____

Rental Car: \$ _____

State/Agency Car: \$ _____

HOTEL/PER DIEM:

Hotel:

_____ days@ \$ _____ per day= \$ _____

Per Diem:

_____ days@ \$ _____ per day= \$ _____

OTHER EXPENSES

Registration/Conference Fee: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL COSTS NOT TO EXCEED _____ \$ _____