



Out-of-Area Travel Authorization

Name: _____ Date of Request: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Estimated Return Time: _____

Destination: _____

Purpose: _____

Attach Documentation: Agenda, Registration, etc.

After you return from your trip submit an Out-of-Area Travel Expense Statement.

Anticipated Costs:

Program Account & Number: _____

Registration: Prepaid \$ _____

Room Costs: Agency Card \$ _____

Per Diem:

_____ Quarters x \$ _____ rate - \$ _____ meals \$ _____

Mileage: _____ miles x _____ rate per mile \$ _____

Gas: \$ _____

Public Transportation: Plane Train Bus \$ _____

Miscellaneous Transportation: (taxi, shuttles, etc.) \$ _____

Total \$

Advance Requested: Yes No

Signature of Traveler: _____ Date: _____

Approved: Yes No

Approved By: _____ Date: _____