### 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.  |  |