



Travel Authorization Form

Name: _____

Date of Request: _____

Purpose: _____

State Plan Benefit: _____

Committee/Goal Subcommittee: _____

Funding Source: _____

Contract Number (If applicable): _____

Budget Year: _____

*State Plan Goal Name & #; Objective #; Key Activity #: _____

Amount (est.)

Transportation \$ _____

Hotel \$ _____ ** Hotel Rate Per Day \$ _____

Per Diem \$ _____

TOTAL \$ _____

Date(s) of Travel: _____

Location: _____

AUTHORIZING SIGNATURES (in order of approval process)

Program Manager/Coordinator _____ date _____

Supervisor _____ date _____

Chief Financial Officer _____ date _____

Attach Agenda

Please be prepared to make handouts/reports from travel available to Council.

* For Goal Subcommittee travel, enter **GS**. Goal Subcommittee travel includes, but not limited to, monitoring

visits, meeting expenses, conference travel, etc.

**** Rates exceeding \$129 per day require justification by traveler and prior approval by Chief Financial Officer.**

Justification:

Approved: ☐ Yes ☐ No