

**DEPARTMENT OF CORRECTIONS  
REQUEST FOR OUT-OF-STATE TRAVEL FORM**

NAME OF EMPLOYEE \_\_\_\_\_

JUSTIFICATION OF TRAVEL: (Attach Supporting Documents)

ESTIMATED COST OF TRIP: \_\_\_\_\_

**A. TRANSPORTATION**

1. Mileage (Prior approval must be obtained)

\_\_\_\_\_

2. State Car (Prior approval must be obtained)

\_\_\_\_\_

3. COMMERCIAL (Plane \_\_\_\_\_ Train \_\_\_\_\_ Other \_\_\_\_\_)

\_\_\_\_\_

**B. SUBSISTENCE**

\_\_\_\_\_

**C. REGISTRATION FEES**

\_\_\_\_\_

**D. OTHER TRAVEL COST (Explain or itemize)**

\_\_\_\_\_

TOTAL COST

\$

\_\_\_\_\_

BUDGET # \_\_\_\_\_ Employee Signature \_\_\_\_\_

**PROPOSED ITINERARY**

DATE

Itinerary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED/DISAPPROVED \_\_\_\_\_ / \_\_\_\_\_  
SUPERVISOR/APPOINTING AUTHORITY DATE

APPROVED/DISAPPROVED \_\_\_\_\_ / \_\_\_\_\_  
REGIONAL OR DIVISION DIRECTOR DATE

APPROVED/DISAPPROVED \_\_\_\_\_ / \_\_\_\_\_  
COMMISSIONER OR DESIGNEE DATE

Original: Accounting  
Copies: Originators