



Interstate Travel Request

Name:		Title:	
Division/Office:		Organizational Code:	
Request Date:	Begin Travel Date:	End Travel Date:	
Travel From:	Travel To:	Return to:	
Meeting (if any) to be attended:	Type of Meeting: (check one)		Affiliation (check one)
	<input type="checkbox"/> Convention <input type="checkbox"/> Professional Meeting <input type="checkbox"/> Professional Training <input type="checkbox"/> Board Meeting <input type="checkbox"/> Other:		<input type="checkbox"/> Speaker / Presenter <input type="checkbox"/> National Officer <input type="checkbox"/> Board Chairperson <input type="checkbox"/> State Officer <input type="checkbox"/> Attending Conference <input type="checkbox"/> Other:
Purpose of Trip (justify your participation)		Meeting Dates / Times:	
		Begin Date:	Begin Time:
		End Date:	End Time:
Cost of Proposed Travel:			
Common Carrier (round trip, tax free)		<input type="checkbox"/> Plane <input type="checkbox"/> Rail <input type="checkbox"/> Bus	\$ _____
Other Travel Costs			\$ _____
Specify:			
Subsistence Costs (at destination point)			\$ _____
Mileage	#of Miles:	@	/per mile
			\$ _____
TOTAL			\$ _____

Signature of Applicant: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

Signature of Unit Director: _____ **Date:** _____

Signature of Deputy Commissioner: _____ **Date:** _____

Signature of Commissioner: _____ **Date:** _____

- ❖ If travel by private conveyance is requested, attach a comparative statement of costs for both common carrier and private auto including additional subsistence en route and statement as to how this method of transportation is advantageous to the State.
- ❖ Make copies of the signed approval to attach to Travel Expense Statement, Request for Airline Ticket, Car Rental Authorization.