



REQUEST FOR CONFERENCE / TRAINING / OUT OF STATE TRAVEL

State Form 55709 (11-14)
DEPARTMENT OF CHILD SERVICES

| | | | | | | |
|---|--|---|---|--------------------------|--|--|
| 1. Date of request (<i>month, day, year</i>) | | 2. Name of division | | | 3. County number | |
| 4. Employee telephone number () | | 5. Name of employee (<i>last, first, middle initial</i>) | | | | |
| 6. Employee / vendor identification number | | | 7. Position / title | | | |
| 8. Address of station (<i>number and street, city, state, and ZIP code</i>) | | | | | | |
| 9. Address of origin (<i>leaving from</i>) (<i>number and street, city, state, and ZIP code</i>) | | | | | 10. Type of origin <input type="checkbox"/> Home <input type="checkbox"/> Station | |
| 11. Address of destination (<i>number and street, city, state, and ZIP code</i>) | | | | | | |
| 12. Other employees going on same trip | | | 13. Is any portion of the trip personal / vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 14. If yes, give date(s) (<i>month, day, year</i>) | |
| 15. Desired date (<i>month, day, year</i>) and time of departure | | | 16. Desired date (<i>month, day, year</i>) and time of arrival | | | |
| 17. Date (<i>month, day, year</i>) and time meeting / visit starts | | | 18. Date (<i>month, day, year</i>) and time meeting / visit ends | | | |
| <i>Complete items 19, 20, and 21 if this request is for a conference or training.</i> | | | | | | |
| 19. Name of conference or seminar | | | 20. Sponsor (<i>name of vendor</i>) | | | |
| 21. Site / location (<i>number and street, city, state, and ZIP code</i>) | | | | | | |
| 22. Purpose of travel (<i>Attach on a separate sheet of paper the justification for travel. The following must be included in the first paragraph.</i>) 1. Why it is in the interest of the State that the travel be approved. 2. Name, location and sponsor of conference. 3. Summary on what subjects are to be discussed and explain how this information relates to the specific job functions of traveler. <i>You must attach a copy of the program or schedule including documentation of dates, location, registration and lodging.</i> | | | | | | |
| <i>Check all that apply.</i> | | | | | | |
| <input type="checkbox"/> Airfare Requested | 23. Airport of departure | | 24. Airport of arrival | | 25. How much time required on the ground? | |
| <input type="checkbox"/> Rental Car Requested | 26. Pick up date (<i>month, day, year</i>) and time | | 27. Pick up location | | 28. Return date (<i>month, day, year</i>) and time | |
| Hotel Information | 29. Check in date (<i>month, day, year</i>) | | 30. Check out date (<i>month, day, year</i>) | | 31. Name of hotel | |
| | 32. Address of hotel (<i>number and street, city, state, and ZIP code</i>) | | | | 33. Reservation made? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 34. Name of ward | | 35. Court order attached? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 36. If No, state reason. | | |
| | | | | | 37. Fax date (<i>month, day, year</i>) | |
| EXPENSES | | | | | AMOUNT | |
| 38. Registration fee(s) \$ | 39. Date registration form sent (<i>month, day, year</i>) | | 40. Date paid if less than \$25.00 registration fee paid (<i>month, day, year</i>) | | \$ | |
| 41. Transportation (<i>If air travel, be specific about ground transportation.</i>) | | | 42. <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> State Car | | \$ | |
| | | | <input type="checkbox"/> Automobile (<i>personal</i>) <input type="checkbox"/> Automobile (<i>rental</i>) | | \$ | |
| | | | If none, explain: | | \$ | |
| 43. Lodging per night \$ | 44. Number of days | 45. Tax rate | 46. Name and address of hotel | | 47. Confirmation number / letter \$ | |
| 48. Daily subsistence (<i>per diem</i>) | | | 49. List meals provided | | \$ | |
| 50. Other (<i>parking, taxi, shuttle</i>) | | | 51. Explain | | \$ | |
| 52. If no expense to the State, method of payment / reimbursement | | | | | TOTAL \$ | |
| APPROVAL INFORMATION (All signatures required.) | | | | NOTES | | |
| 53. Signature of supervisor | | | Date signed (<i>month, day, year</i>) | | | |
| 54. Signature of division director / local office director | | | Date signed (<i>month, day, year</i>) | | | |
| 55. Signature of budget director | | | Date signed (<i>month, day, year</i>) | | | |