



# AUTHORIZATION / REQUEST FOR OUT OF STATE TRAVEL

State Form 823 (R12 / 5-15)

Approved by State Board of Accounts, 2015

RUSH  Yes  No

1. Name of agency		Name of division		2. Date of request (mm/dd/yyyy)		3. Agency request number	
4. Name of employee (last name, first name, middle initial)				5. Position / title		6. Personal time or weekend added? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates (mm/dd/yyyy):	
7. Origin of trip		8. Date and time of departure		9. Date and time meeting starts		10. Trip necessary to fulfill job duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						11. Attending a conference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Destination of trip		13. Date and time of return		14. Date and time meeting ends		15. Contact person:	
						16. Contact number:	

17. Purpose of travel (Use this space to give justification for the trip and why it is in interest of the State that the travel be approved. Provide additional sheet, if necessary.)

ESTIMATED EXPENSES		RATE	AMOUNT
18. Registration fees			\$
19. Transportation			\$
<input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> State car			\$
<input type="checkbox"/> Automobile (personal) _____ Miles X		\$	\$
<input type="checkbox"/> Automobile (rental) (attach justification and cost)		\$	\$
20. Lodging (including taxes)		Number of days _____ X	\$
Hotel name and city			
21. Daily subsistence (per diem)		Number of days _____ X	\$
22. Other expenses (explain below)			\$
23. Explanation		24. Total Cost	\$

25. Fund Center Name:		26. Fund Center Number:		
General Fund <input type="checkbox"/>	% State Funds		x total cost	= \$
Federal Funds <input type="checkbox"/>	% Federal Funds		x total cost	= \$
Dedicated Fund <input type="checkbox"/>	% Dedicated Funds		x total cost	= \$
Other Source <input type="checkbox"/>	% Other Source		x total cost	= \$
TOTAL COST:				\$

I certify the requested travel is in furtherance of State business except as indicated above and that my reimbursable expenses will be limited to the amounts indicated above.

27. Signature of traveler		Date signed (mm/dd/yyyy)
28. Signature and title of approving agency official		Date signed (mm/dd/yyyy)

## AUTHORIZATION

Authorization to travel out of state will be granted only if all approval signatures below have been acquired.

Signature of Commissioner, Department of Administration		Date signed (mm/dd/yyyy)
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# AUTHORIZATION / REQUEST FOR OUT OF STATE TRAVEL CHECKLIST

Part of State Form 823 (R12 / 5-15)

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**Notes: (Reason for late submission, important details.)**

Check below all items and attached documentation as it applies to this travel.

### Purpose of Travel:

No-Cost Travel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached No-Cost letter, e-mail chain, or documentation.	Comments:
Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached conference agenda showing location, dates, and times.	Comments:
Registration Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached documentation showing registration fees.	Early Registration Discount
Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached meeting agenda showing location, dates, and times.	Comments:
Training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached course agenda	Comments:
Other Activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached documentation showing location, dates, and times.	Comments:

### Transportation:

Air, Bus, Train:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Purposed ticket details showing departure and destination location, date, times, price.	Comments:
Personal Automobile	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached MapQuest or Rand McNally shortest route directions.	<input type="checkbox"/> Over 250 miles attached Enterprise Rental versus Reimbursement Calculator.
Rental Vehicle:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Attached justification showing dates and prices.	Comments:

### Lodging:

Lodging Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Documentation showing rate/pricing, taxes, dates, and total cost	Comments:
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### Per Diem:

Time of departure	Time of return	Number of days in Travel Status
Travel in United States: <input type="checkbox"/> Yes <input type="checkbox"/> No	Meals Provided	

### Computation:

Departure before 12:00 PM	\$32.00	Full Rate
Departure between 12:00 PM - 4:30 PM	\$16.00	Half Rate
Departure after 4:30 PM *	NONE	NONE
Return before 12:00 PM after 7:30 AM	\$16.00	Half Rate
Return after 12:00 PM	\$32.00	Full Rate

\* No subsistence is paid for same day travel.

### Per Diem Rates

- Domestic Out of State: \$32.00
- Specific Country:
  - Japan: \$90.00
  - Korea and Taiwan: \$85.00
  - China, France, Germany, Great Britain, Netherlands, Singapore: \$65.00
- Other Country: \$50.00