



APPROVAL FOR CONFERENCE / TRAINING / TRAVEL

State Form 45116 (R3 / 11-96) / FM 6005

Your Social Security number is being requested in order to track payment through the Auditor of State's control system. Disclosure is voluntary.

3. Name of agency				4. Name of division		5. Employee telephone number ()		1. Date of request (month, day, year)	
7. Name of employee (last, first, middle initial)				Social Security number		8. Position / title		2. Account number	
10. Origin of trip				11. Destination of trip		12. Other employee(s) going on same trip		6. Contact person / telephone number ()	
13. Date and time of departure				14. Date and time of return		15. Date and time meeting starts		9. Room number	
15. Date and time meeting starts				16. Date and time meeting ends		17. Name of conference or seminar		Is any portion of the trip personal vacation? ☐ Yes ☐ No If Yes, give dates	
18. Sponsor (name of vendor)									
19. Site / location									
20. City				State				ZIP code	
21. Purpose of travel (Attach on a separate sheet of paper the justification for travel. The following must be included in the first paragraph.) 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. You must attach a copy of the program or schedule including documentation of dates, location, registration and lodging.									
AIRLINE INFORMATION									
Departure				Return				Ward Information	
22. Airline carrier				27. Airline carrier				32. Name of ward	
23. Flight number				28. Flight number				33. Court order attached ☐ Yes ☐ No	
24. Departure date				29. Departure date				If No, reason and Fax date	
25. Departure time		26. Arrival time		30. Departure time		31. Arrival time		34. Facility contact person and ticket information	
35. Specific information on ticket delivery									
EXPENSES								AMOUNT	
36. Registration fee(s) \$		Date registration form sent		Date less than \$100 registration fee paid		Claim voucher sent ☐ Yes ☐ No		\$	
37. Transportation (if air travel, be specific about ground transportation)				☐ Air ☐ Bus ☐ Train ☐ State Car				\$	
				☐ Automobile (personal)				\$	
				☐ Automobile (rental) If none, explain:				\$	
38. Lodging per night \$		No. of days		Tax rate		Name and address of hotel		Confirmation number/letter \$	
39. Daily subsistence (per diem)				List meals provided				\$	
40. Other (parking, taxi, shuttle)				Explain				\$	
If no expense to the State, method of payment/reimbursement								TOTAL \$	
APPROVAL INFORMATION (all signatures required)						NOTES			
41. Signature of supervisor				Date signed (month, day, year)					
42. Signature of Division Director				Date signed (month, day, year)					
43. Signature of Budget Director				Date signed (month, day, year)					