



TRAVEL REQUEST
 State Form 3001 (R3 / 2-12)
 LOGANSPORT STATE HOSPITAL

Please see complete instructions on page 2.

Requesting reimbursement for: <input type="checkbox"/> Lodging <input type="checkbox"/> Mileage <input type="checkbox"/> Per diem <input type="checkbox"/> Other: _____	Type of vehicle (check one) <input type="checkbox"/> State vehicle <input type="checkbox"/> Personal vehicle
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EMPLOYEE INFORMATION	
Name of employee	Date (month, day, year)
Employee position	Department

TRAVEL DESTINATION	
From (complete address – number and street, city, state, and ZIP code)	
To (complete address – number and street, city, state, and ZIP code)	

TIME AND DATE OF TRAVEL			
Date of departure (month, day, year)	Time of departure <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of return (month, day, year)	Time of return <input type="checkbox"/> AM <input type="checkbox"/> PM

PURPOSE AND JUSTIFICATION OF TRAVEL – <i>Must attach agenda which should include the date / time of the event.</i>
<ul style="list-style-type: none"> • All off-site travel must be requested on this form and kept on file in the office of the travel clerk. Without approval an employee may not be covered by insurance or workers compensation. • Any request for reimbursement must be approved by the Assistant Superintendent prior to the date of travel. • Receipts for all reimbursements, excluding meals, must be submitted to the travel clerk upon return. • If an employee drives a personal owned vehicle for state business they are statutorily required to maintain minimum Insurance per IC 9-25-4-5.
Purpose and justification of travel

By signing below the employee agrees to the terms set forth in the State Travel Policies and Procedures, State of Indiana Fleet Management Policy, Logansport State Hospital policy A-56, and IC 9-25-4-5. A copy of all terms are available from the travel clerk.	
Signature of employee	Date (month, day, year)

DEPARTMENT ACTION		
By signing below the supervisor is giving authorization for the above employee to be in official travel status within the State of Indiana.		
Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of supervisor	Date (month, day, year)

MOTOR POOL ACTION		
Vehicle number	Motor Pool signature	Date (month, day, year)

ADMINISTRATION ACTION	
By signing below the agency financial approver is giving authorization for reimbursement of the following items:	
Lodging	
Mileage	
Per diem	
Other	
Signature of travel clerk	Date (month, day, year)
Signature of assistant superintendent	Date (month, day, year)

INSTRUCTIONS FOR STATE FORM 3001, TRAVEL REQUEST

THIS FORM APPLIES TO YOU IF YOU ARE:

An employee seeking approval for travel pertaining to your job within the state of Indiana.

PURPOSE OF FORM:

The Logansport State Hospital requires prior approval for all employees who will be in official travel status within the state of Indiana. Without approval an employee may not be covered by insurance or workers compensation. Employee reimbursement must be approved by the agency financial approver (Assistant Superintendent) prior to the date of travel.

EMPLOYEE INSTRUCTIONS:

Attendance at Conferences, Workshops, Seminars, Conventions, and other educational programs should be submitted to Staff Development on State Form 36843, Employee Training Request, for review and action prior to attending.

1. Check any items you will be requesting to be reimbursed.
2. Check whether you will be driving a state vehicle or a personal vehicle. You will only be reimbursed for mileage on a personal vehicle if the motor pool clerk indicates a state vehicle was not available for use.
3. Enter your full name, the date you are completing the form, your position, and department.
4. Enter the full address from which you are leaving and the full address to which you are traveling. If you are leaving from Logansport State Hospital, you may simply enter "LSH." A full address is required to verify the time of departure and mileage reimbursement if necessary.
5. Enter the date and time you plan to leave along with the date and time you plan to return. If the dates / times change after you have submitted the paperwork please notify the Travel Clerk immediately.
6. Enter a detailed justification for the purpose of your travel. You must attach an agenda that indicates the dates / times of the event you are attending.
7. Sign and date the form.
8. Submit to your Department Head for action.
9. You will receive an e-mail from the Travel Clerk that will include a scanned copy of the approved form prior to your date of travel.
10. Upon return you must submit all "Paid in Full" receipts for reimbursement, excluding meals (per diem).

*****Please note: To receive any reimbursement you must be registered in the Auditor of State's financial system, which is separate from the Payroll System. This requires you to complete a Vendor Information Form SF 53788 (R2 / 10-09) which is available from the Travel Clerk. Any changes to your banking information or address will require a new form to be completed.***

DEPARTMENT HEAD INSTRUCTIONS:

1. Please review the form thoroughly, by signing the form you are giving the employee authorization to be in official travel status within the state of Indiana.
2. Submit approved form to the Motor Pool Clerk for action.

MOTOR POOL INSTRUCTIONS:

1. If the employee is requesting to drive a state vehicle determine availability and assign a vehicle number. Indicate if no vehicle is available during that time.
2. By signing this section you agree that a state vehicle has been assigned to this employee. If no vehicle is available you approve the reimbursement of mileage on a personal vehicle.
3. Submit approved form to the Travel Clerk for action.

ADMINISTRATION INSTRUCTIONS:

1. The Travel Clerk must indicate all figures for reimbursement and collect all receipts for Lodging, taxi, parking, tolls which must be indicated "Paid in Full."
2. Any additional notes or circumstances must clearly be indicated in this section.
3. Agency Financial Approver (Assistant Superintendent) must sign giving approval for any reimbursements indicated.
4. A scanned copy of the approved form must be emailed to the employee and the department head.