

**DEPARTMENT OF CORRECTIONS
REQUEST FOR OUT-OF-STATE TRAVEL FORM**

NAME OF EMPLOYEE _____

JUSTIFICATION OF TRAVEL: (Attach Supporting Documents)

ESTIMATED COST OF TRIP: _____

A. TRANSPORTATION

1. Mileage (Prior approval must be obtained)

2. State Car (Prior approval must be obtained)

3. COMMERCIAL (Plane_____ Train_____ Other_____)

B. SUBSISTENCE

C. REGISTRATION FEES

D. OTHER TRAVEL COST (Explain or itemize)

TOTAL COST

\$

BUDGET # _____ Employee Signature _____

PROPOSED ITINERARY

DATE

Itinerary

APPROVED/DISAPPROVED _____ / _____
SUPERVISOR/APPOINTING AUTHORITY DATE

APPROVED/DISAPPROVED _____ / _____
REGIONAL OR DIVISION DIRECTOR DATE

APPROVED/DISAPPROVED _____ / _____
COMMISSIONER OR DESIGNEE DATE

Original: Accounting
Copies: Originators

Retention Schedule: Upon completion, this form shall be maintained for the current year, plus five (5) prior years at the Facility level, and for five (5) years following the end of the fiscal year at Central Office.