TRAVEL AUTHORIZATION

In-State _____ Out-of-State _____ Out-of-Country _____ Travel Advance _____ PTE Authorized _____

TO BE COMPLETED BY TRAVELER

Name: ______________________ Title: ______________________

Agency Name: ______________________ Division Name: ______________________

Travel Date From: _______ To: _______ Destination(s): ______________________

Conference/Meeting Name: ______________________

Purpose of Travel: ______________________

Travel Advance Amount: ____________ Prior to Trip Expense Authorized: Yes or No

Total Estimated Cost: ____________ Fund Source: General or Special Complete Paymt Info below if known.

Total Actual Cost: ____________ Difference in Estimated and Actual Cost: ____________

Signature: ______________________ Date: ______________________

TO BE COMPLETED BY AGENCY / INSTITUTION
(As required by individual Agency / Institution)

Funds Certification: ______________________ Title: ______________________ Date: ______________________

Division Approval: ______________________ Title: ______________________ Date: ______________________

Agency Approval: ______________________ Title: ______________________ Date: ______________________

TO BE COMPLETED BY DEPT. OF FINANCE & ADMINISTRATION
For Travel Outside the Continental U. S.

Budget Analyst Fund Certification: ______________________ Date: ______________________

DFA Executive Director Approval: ______________________ Date: ______________________

TO BE COMPLETED BY DEPT. OF FINANCE & ADMINISTRATION
For Excess Expenses Incurred on Travel Outside the Continental U. S.

Budget Analyst Fund Certification: ______________________ Date: ______________________

DFA Executive Director Approval: ______________________ Date: ______________________

PAYMENT INFORMATION

SAAS Agency #: ______________________ Activity: _______ Trip #: ______________________

SPAHRS Agency #: ______________________ Org: _______ Cat: ______________________

Fund #: ______________________ Sub Org: _______ Proj: ______________________

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INSTRUCTIONS FOR TRAVEL AUTHORIZATION

1. A separate form must be completed for each traveler and travel type (e.g., in-state, out-of-state, out-of country).

2. Complete all applicable items and obtain approval PRIOR to commencing travel.

3. All travel outside the continental limits of the United States must be approved by the Department of Finance and Administration prior to departure. Travel to Alaska no longer requires such approval, but travel to Hawaii or Puerto Rico does.

4. If actual expenses exceed the estimated expenses on travel outside the continental limits of the United States, the original form shall be resubmitted showing the excess charges and again approved by the Department of Finance and Administration.

5. Be as accurate as possible in estimating costs, including gratuities, taxis, or any other applicable travel expenses.

6. The travel advance should include travel related costs paid by the traveler, not expenses paid directly by the agency (e.g., pre-paid registration, travel account charges). If an advance is not settled within 10 working days after the end of the month in which travel is completed, the traveler's paycheck WILL be held until the debt to the State is resolved. Only two outstanding advances are allowed at any time. Additional advances require DFA approval.

7. The Prior to Trip Expense authorization is granted for any lodging or public transportation purchases to be paid by the traveler prior to traveling.

8. A copy of this approved form along with supporting documentation must be submitted with the travel voucher form 13.20.10 in order to receive reimbursement.

9. For detailed line instructions, see MAAPP manual section 13.20.20.

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<th>WORKSHEET</th>
<th>Estimated Cost</th>
<th>Actual Cost</th>
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<tr>
<td>Meals (_____ Days @ $_____ / Day)</td>
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<tr>
<td>Lodging (_____ Days @ $______ / Day)</td>
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<tr>
<td>Registration Fee</td>
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<tr>
<td>Rental Car (_____ Days @ $_____ / Day)</td>
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