

# TRAVEL APPROVAL FORM

Check One: \_\_\_\_\_ Intra-State \_\_\_\_\_ Out-of-State

Name of Traveler: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

Department/Division/Office: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Justification: (Attach additional sheets if necessary, including conference/meeting agenda and training schedule)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date & Time Business/Conference/Meeting Begins\*: \_\_\_\_\_ City: \_\_\_\_\_

\*Indicate time employee needs to be at the destination, including any preconference meetings, etc.

Date & Time Business/Conference/Meeting Ends: \_\_\_\_\_ City: \_\_\_\_\_

## COST INFORMATION

Worksheet A - Airfare for Authorized Travel \_\_\_\_\_

Baggage Fees \_\_\_\_\_

Worksheet B - Per Diem and Meal Allowance \_\_\_\_\_

Worksheet C - Hotel Accommodations - Excess Lodging \_\_\_\_\_

Worksheet D - Ground Transportation \_\_\_\_\_

Worksheet E - Ferry Service Passenger/Vehicle Transportation \_\_\_\_\_

Other Expenses (registration fee, training material, passport etc.) \_\_\_\_\_

Describe: \_\_\_\_\_

TOTAL \_\_\_\_\_

Program ID: \_\_\_\_\_ Appropriation Symbol: \_\_\_\_\_

\_\_\_\_\_  
Requesting Authority Signature

\_\_\_\_\_  
Approving Authority Signature

\_\_\_\_\_  
Requesting Authority Name/Title (Print) Date

\_\_\_\_\_  
Approving Authority Name/Title (Print) Date

**DO NOT MODIFY FORM - WILL BE REJECTED BY DAGS, PRE-AUDIT**

## WORKSHEET A AIRFARE AND BAGGAGE FEES

**INTRA-STATE TRAVEL** (minimum one quote required)

Vendor: \_\_\_\_\_

Airfare Quote: \_\_\_\_\_

Baggage Fee: \_\_\_\_\_

Date of Quote: \_\_\_\_\_

DATE	FROM	TO	EST. DEPT. TIME	EST. ARR. TIME

**OUT-OF-STATE TRAVEL** (minimum two quotes required)

Itinerary 1 Vendor: \_\_\_\_\_

Selected Itinerary

Airfare Quote: \_\_\_\_\_

Baggage Fee: \_\_\_\_\_

Date of Quote: \_\_\_\_\_

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME

Itinerary 2 Vendor: \_\_\_\_\_

Selected Itinerary

Airfare Quote: \_\_\_\_\_

Baggage Fee: \_\_\_\_\_

Date of Quote: \_\_\_\_\_

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME

Itinerary 3 Vendor: \_\_\_\_\_

Selected Itinerary

Airfare Quote: \_\_\_\_\_

Baggage Fee: \_\_\_\_\_

Date of Quote: \_\_\_\_\_

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME

All quotes shall be obtained on the same 8-hour work day using the same parameters, i.e., dates, similar times, & destination. Attach a copy of the proposed itineraries in lieu of filling in the above sections. The pCard may not be used for any itinerary involving personal deviations, which impacts the airfare quote.

Justification for selection made to other than lowest fare:

Traveler: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_



## WORKSHEET C HOTEL ACCOMMODATIONS

**Intra-State:** \_\_\_\_\_ (min. 2 quotes required)

**Out-of-State:** \_\_\_\_\_ (min. 2 quotes required)

**Check-In Date:** \_\_\_\_\_

**Check-Out Date:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Conference Hotel:**

(prior approval for excess lodging required)

Selected	Name of Hotel	Hotel Rate	Date of Quotation	Excess Lodging Per Day**	Total Excess Lodging
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
Form of Payment: <input type="checkbox"/>		P.O.# _____	<input type="checkbox"/>	*Credit Card # _____	
Exp. Date: _____	Cardholder Name: _____				

**\*Entering personal credit card information is optional.**

Justification for selection other than lowest quotation: (conference hotel excluded)

\*\*Example of excess lodging calculations:

	Out-of-State Hotel Allowance - \$85.00	Intra-State Hotel Allowance – \$50.00
Actual hotel costs (inc. taxes)	\$194.87	\$83.50
Hotel allowance	( <u>\$ 85.00</u> )	( <u>\$50.00</u> )
Excess lodging per night	\$109.87	\$33.50
Number of nights	<u>x 2</u>	<u>x 2</u>
Total excess lodging due	\$219.74	\$67.00

Traveler: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

**WORKSHEET D  
GROUND TRANSPORTATION**

**INTRA-STATE CAR RENTAL**

Pick-up Date: \_\_\_\_\_  
Pick up Location: \_\_\_\_\_

Return Date: \_\_\_\_\_  
Drop Off Location: \_\_\_\_\_

Vendor	Car Rate (price list)	Total Cost (no. of days x rate)

**OUT-OF-STATE CAR RENTAL\***  
(Minimum 2 quotes required)

Pick-up Date: \_\_\_\_\_  
Pick Up Location: \_\_\_\_\_

Return Date: \_\_\_\_\_  
Drop Off Location: \_\_\_\_\_

Vendor	Car Rate	Date of Quotation	Total Cost
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

\*Employee should use hotel/airport shuttle whenever possible.

Justification for other than compact car (intra or out-of-state travel):

**OTHER GROUND TRANSPORTATION COSTS**

	Description	Cost
<input type="checkbox"/>	Taxi	
<input type="checkbox"/>	Airport/Hotel Shuttle	
<input type="checkbox"/>	Parking	
<input type="checkbox"/>	Other (i.e. subway, bus, rail, metro, etc.)	Specify: _____
Total Estimated Cost		

Traveler: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_