

6B01 Out-of-State

FY

Date

 6B02 In-State

**Form A - Request and Authorization to Travel Form** Revised: 1.23.2024  
**January 1, 2024 - December 31, 2024**

**Section I: Traveler Information**

Name  Employee ID  Collective Bargaining Unit

Title  Department  Extension

Email:  Dates of Travel

Destination: City:  State:  Zip Code:

**Section II: Trip Information**

Type of trip <input type="text"/>	Purpose/reason for trip <input type="text"/>
Attach conference travel information as applicable.	

**Section III: Estimated travel expenses (attach documentation)**

Commercial Transportation

Lodging Nights  Rate   Check here if conference or host facility

Other (specify)

**Section IV: Estimated other reimbursable expenses to employee**

Rental Vehicle:  Yes  No Rental  Gas for Rental

Mileage: Distance:   Personal Rate: 67 cents per mile

Registration Fee: Includes:  Meals  Lodging

Meals No. of Days  Rate\*  \*Refer to collective bargaining unit allowances.

Other (specify):

(for example: taxi, tips, shuttles, etc.)

Total Requested:	<input type="text"/>
Total Approved:	<input type="text"/>

Total Approved is calculated from Section V A-D total approved amounts from chartfields.

FY

**Form A - Request and Authorization to Travel Form  
January 1, 2024 - December 31, 2024**

Revised 1.23.24

Name  Department  Date

**Section V: Chartfield (source of funding) - Fill in below for multiple sources and have supervisor or budget manager sign and include amount approved from chartfield.**

Fund	Department	Program	Grant/Project	Amount	
			<input type="text"/>	<input type="text"/>	Total Approved: <input type="text"/>
<b>A</b>					

Supervisor/Budget Manager \_\_\_\_\_ Date

Fund	Department	Program	Grant/Project	Amount	
			<input type="text"/>	<input type="text"/>	Total Approved: <input type="text"/>
<b>B</b>					

Supervisor/Budget Manager \_\_\_\_\_ Date

Fund	Department	Program	Grant/Project	Amount	
			<input type="text"/>	<input type="text"/>	Total Approved: <input type="text"/>
<b>C</b>					

Supervisor/Budget Manager \_\_\_\_\_ Date

Fund	Department	Program	Grant/Project	Amount	
			<input type="text"/>	<input type="text"/>	Total Approved: <input type="text"/>
<b>D</b>					

Supervisor/Budget Manager \_\_\_\_\_ Date

**Section VI: Signatures**

Traveler \_\_\_\_\_ Date

Supervisor \_\_\_\_\_ Date

Approving Vice President/Area Administrator \_\_\_\_\_ Date