



STATE OF ARKANSAS
Department of Finance and Administration
Office of Administrative Services
Out-of-State Travel Authorization

INSTRUCTIONS	<i>Submit original to your office Administrator for approval. Upon Administrator's approval and Deputy Director & Commissioner of Revenue's approval, forward original to the Director/Deputy Director & Chief of Staff for approval. Upon Director/Deputy Director & Chief of Staff's approval, requesting office will forward original to the Office of Administrative Services.</i>		
EMPLOYEE INFORMATION	Employee Name		BA #
	Employee Title		Cost Center
	Employee Personnel Number	Office / Section	Internal Order #
TRIP INFORMATION	Purpose of Trip		
	Destination Address	ZIP Code	Official Business? Y or N
	City, State	Mode of Travel	Receive training? Y or N
	Departure Date	Return to Work Date	Instructor? Y or N
ESTIMATED TRAVEL COSTS	<i>Item</i>	<i>Per Diem Rate</i>	<i>Estimated Travel Cost</i>
	Meals		
	Lodging		
	Registration		
	Transportation		
	Private Car Mileage		
	Other: (specify and attach Approval)		
		Total	\$
APPROVAL SIGNATURE	Employee's Signature		Date
	Administrator's Signature		Date
	Deputy Director & Commissioner of Revenue's Signature		Date
	Director/Deputy Director & Chief of Staff's Signature		Date