

1) Agency Number/Name		2) Division	
3) Org Number	4) Name of Person(s) Traveling/Employee ID#		

5) Justification

6) Itinerary

Destination:

Travel Dates:

7) Estimated Costs

Transportation \$	Meals \$	Lodging \$	Other \$
-------------------	----------	------------	----------

Total estimated cost \$

Provide details to support estimated costs:
(Example: registration, taxi, etc. Provide Hotel Name and Phone Number if your Agency requires this information)

8) Submitted By	Title	Date

Approval of Authorized Agency Personnel per Department Policy

Supervisor	Date	Administrator	Date
Dept. Head/Designee	Date		

NOTE: A travel expense voucher form must be filed within three months after incurring the travel expenses, otherwise the right to reimbursement will be waived.