

| | | | |
|------------------------------|--|--------------------|--|
| 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.