



**STATE OF ARIZONA
OUT- OF- STATE TRAVEL APPROVAL REQUEST SUPPLEMENT**

AGENCY: _____

NAME OF ACTIVITY: _____

SPONSOR OF ACTIVITY (if applicable): _____

ESTIMATED TOTAL COST FOR ALL PARTICIPANTS: _____

IF THIS FORM IS NOT BEING SUBMITTED PRIOR TO THE SCHEDULED BEGIN DATE OF THE TRAVEL, PLEASE PROVIDE A JUSTIFICATION:

PLEASE DESCRIBE THE VALUE OF THE OUT-OF-STATE TRAVEL TO THE AGENCY'S STATUTORY MISSION:

PLEASE LIST ALL INDIVIDUALS WHO WILL BE TRAVELING AND THEIR PURPOSE FOR TRAVELING. PURPOSE SHOULD INCLUDE AN EXPLANATION OF WHY IT IS NECESSARY THAT THEY TRAVEL:

TRAVELER/PARTICIPANT NAME:	EIN:	PURPOSE:
Total Number of Travelers/Participants:		

Name: _____ Signature: _____ Date: _____

(Agency Head, Deputy or Approved Delegate)