



## STATE OF ARIZONA OUT-OF-STATE TRAVEL APPROVAL REQUEST

In accordance with A.R.S. §38-626A, approval is requested for the following out-of-state travel:

EMPLOYEE NAME:	TRAVEL STATUS (DATES & TIMES)	
	Begin Date:	End Date:
EIN:	Begin Time:	End Time:
PURPOSE OF TRAVEL AND LOCATION:		

### ESTIMATED COSTS (for Agency Approval only)

<b>REMINDER:</b> Individual costs equal to or greater than \$1,000.00 must be encumbered if from appropriated funds.			
Encumbrance REF Doc Number:		Additional REF Doc Number:	
Amount:		Amount:	
<b>Object</b>	<b>Amount</b>	<b>Object</b>	<b>Amount</b>
*Air Fare	6611	Meals with Overnight Stay	6641
*Air Fare Out-of-Country	6612	Meals with Overnight Stay Out-of-Country	6651
Car Rental	6621	Meals without Overnight Stay	6642
Car Rental Out-of-Country	6622	Meals without Overnight Stay Out-of-Country	6652
Lodging	6631	Other Miscellaneous Travel	6699
Lodging Out-of-Country	6632	*Conference, Education, & Training Registration	7455
Other:		Other:	
	Subtotal costs		Subtotal costs
	<b>ESTIMATED TOTAL COSTS</b>		

\* This form is for total trip estimates ONLY and indicated items should not be paid personally by a State of Arizona employee.

AGENCY

AGENCY HEAD OR DESIGNEE: NAME	SIGNATURE	EIN	DATE
EXCEPTIONS TO STATE POLICY (SUCH AS LODGING RATES IN EXCESS OF STATE RATES, ETC.) REQUIRE THE APPROVAL OF THE STATE COMPTROLLER. IN SUCH CASES, THIS FORM, WITH AN EXCEPTION MEMO ATTACHED, IS TO BE FORWARDED TO THE STATE COMPTROLLER. THE FORM AND MEMO WILL BE RETURNED TO THE AGENCY WITH THE STATE COMPTROLLER'S DETERMINATION.			