

GOVERNOR'S TRAFFIC SAFETY BUREAU OUT-OF-STATE TRAVEL REQUEST

AGENCY _____ Contract # _____

WHO Person Traveling: _____

WHAT To Attend: _____

WHERE Destination: _____

WHEN Date(s): _____

WHY Reason Attending: _____

HOW MUCH Total Budget: _____

Transportation: _____

Meals: _____

Room: _____

Registration Fee: _____

SIGNATURE OF PERSON
REQUESTING TRAVEL:

SIGNATURE OF SUPERVISOR
OR AUTHORIZING OFFICIAL:

Date

Date

(THIS SECTION TO BE COMPLETED BY GTSB)

Date: Approved _____ Disapproved _____

By: _____ Director, Governor's Traffic Safety Bureau

This Form Should Be Submitted At Least Four Weeks Prior To Requested Travel Date)