

Colorado Department of Military & Veterans Affairs Out-of-State Travel Request and Authorization

Traveler's (indicate employee/non employee)Name		Funding Source <input type="checkbox"/> State <input type="checkbox"/> Federal 100% <input type="checkbox"/> Federal 80% <input type="checkbox"/> Federal 75% <input type="checkbox"/> Cash Exempt			
Work Location & phone number		Fund No.	Org. Unit	Appr.	GBL/Program
Destination (City & State)		Purpose of Travel			
Contact Person and Name of Organization At Destination					

Estimated Expenditures	
Transportation - Air	\$
Transportation - Other	\$
Meals	\$
Lodging	\$
Registration Fee	\$
Incidental Expenses	\$
Total	\$

Mode Of Travel (Check All That Apply)	
<input type="checkbox"/>	State Plane
<input type="checkbox"/>	State Vehicle
<input type="checkbox"/>	Rental Vehicle
<input type="checkbox"/>	Personally Owned Vehicle
<input type="checkbox"/>	Commercial Plane
<input type="checkbox"/>	Other

Traveler Has State Travel Card
 Check Here If Travel Advance Is Requested

Remarks: (Travel to Washington D.C. must be authorized by the Governor's Washington DC assistant. Attach an e-mail copy of the request sent to the Governor's Washington DC assistant).

Date and Time/Location of Departure		Date and Time of Return	
Contact Person	Phone	Fax	
Non-State Employee(s) Traveling In State Vehicle, Rental Car, or State Plane			
Signature of Traveler			Date
Required Signatures (As Applicable)			Signature Date
Traveler's Supervisor name & signature			
Federal Program Manager name & signature			
Additional Information/Remarks			

<input type="checkbox"/> Approved <input type="checkbox"/> <input type="checkbox"/> Disapproved	Deputy Director's Authorization Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> <input type="checkbox"/> Disapproved	Executive Director's Signature	Date

Control # _____