Commonwealth of Kentucky REQUEST FOR AUTHORIZATION OF OUT-OF-STATE TRAVEL

This request must reach the Appointed Authourity at least five days before intended start of travel.

| | | | | Authorization | NO | |
|--|-----------------------|------------------------|--------------------------------|--------------------------|--------------|--------------------|
| Department | | | | | | |
| Division or Institution | | Date | | | | |
| To the Appointed Authors be charged to this agence | | s funds available and | d requests advance auth | orization for the follo | wing out- | of-state travel to |
| NAME OF OFFIC | CER OR EMPLOYEE | | POSITION | | | AMOUNT |
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| | | | | | - | |
| | | | | Total Not to Excee | ≱d \$ | |
| From (Origin) | | | To (Destination) | | | |
| Date(s) trip to be taken (| include travel time) | | | | | |
| Justification for trip (Cite | hanafit ta Stata Da | not abbroviate organ | ization names \ | | | |
| Justilication for trip (Offe | belieffi to Glate. Do | not abbreviate organ | ization names.) | | | |
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| If more than four employ | ees of your agency a | re going to this event | , how many and why? | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Will a state check be issued | for registration fee? | YES | NO | Car Rental | YES | NO |
| Car Rental Justification | | | | | | |
| Method of Conveyance: | State Vehicle | Personal Auto | Airplane | Commercial | | State |
| | | | | – — — Charter | | Personal |
| | | | | Charter | | - ersonar |
| | Other | Explain Other | | | | |
| I hereby certify that it is | necessary for the em | nployees or officers r | named above to make th | nis trip on official bus | iness cor | nnected with the |
| duties of their positions. | | | | | | |
| | | | | | | |
| Signature of Department Head | | Date | Signature of Cabinet Secretary | | | Date |
| | | | TC / | \\\\ | | |
| Approved: Required Appointed Authority | | Date | | λIVI —— | | |