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 Authority: This agency has funds available and requests advance authorization for the following out-of-state travel to be charged to this agency's accounts:

NAME OF OFFICER OR EMPLOYEE	POSITION	AMOUNT
	Total Not to Exceed	**$ 0.00**

From (Origin) _____ To (Destination) _____

Date(s) trip to be taken (include travel time) _____

Justification for trip (Cite benefit to State. Do not abbreviate organization names.)

If more than four employees of your agency are going to this event, how many and why?

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 ◯

Other ◯ Explain Other _____

I hereby certify that it is necessary for the employees or officers named above to make this trip on official business connected with the duties of their positions.

_____ _____

Signature of Department Head *Date* *Signature of Cabinet Secretary* *Date*

_____

Approved: Required Appointed Authority *Date*

TEAM KENTUCKY

DOA-28
REV 03/2023