

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

This request must reach the Appointed Authority 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-country travel to be charged to this agency's accounts:

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

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*

Approved: Governor, Commonwealth of Kentucky *Date*

