

BUDGET/TRAVEL AUTHORIZATION

DHHS/DSS State Level Contract Provider

ACTION REQUESTED: Out of State Travel In State Excess
 Reimbursement for Non-State Employee Tuition
Revised Request
 Other: _____

NAME(S): _____

Travel To: _____

Date(s) Beginning: _____ Ending: _____

Mode of Transportation: _____ Estimated Transportation Cost: \$ _____

Subsistence Expenses Maximum Per Day: \$ _____ Registration: \$ _____

Tuition: \$ _____ Total Estimated Expenditures: \$ _____

Purpose and Explanatory Remarks:

Requested By: _____
Date

Contract Administrator: _____
Date

Section Chief (if required): _____
Date