

**AGENCY TRAVEL APPROVAL –
OUT-OF-STATE TRAVEL AND LODGING REIMBURSEMENT RATES**

Agency Number _____

Effective Date _____

APPROVAL OF OUT-OF-STATE TRAVEL

1. Please list each individual that is authorized to approve out-of-state travel for your agency.

Name

Title

2. Please check the approval method that your agency will use. (check only one)

Signature on Voucher Letter Approval * Agency Authorization Form *

*** If one of these options is selected, a letter or form, signed by an individual authorized to approve the travel, must accompany each travel voucher.**

APPROVAL TO EXCEED ESTABLISHED LODGING RATES (IN-STATE OR OUT-OF-STATE)

1. Please list each individual in your agency that is authorized to approve lodging reimbursement of up to 50% above established rates or conference-related lodging at actual cost.

Name

Title

2. Please check the approval method that your agency will use. (check only one)

Signature on Voucher Letter Approval * Agency Authorization Form *

*** If one of these options is selected, a letter or form, signed by an individual authorized to approve the higher lodging reimbursement rate, must accompany each travel voucher.**

Authorized by: _____
(Agency Head signature)

Date: _____