

OFFICE OF SECRETARY OF STATE
IN STATE TRAVEL

| | |
|--|----------------------------------|
| STAFF MEMBER (Please Print in Ink) | DATE |
| DESTINATION (CITY, STATE) _____ | |
| DATE(S) FROM: _____ TO: _____ | |
| MEANS OF TRANSPORTATION <input type="checkbox"/> FLY COMMERCIAL <input type="checkbox"/> FLY STATE PLANE <input type="checkbox"/> FLY CHARTER <input type="checkbox"/> STATE CAR <input type="checkbox"/> PERSONAL CAR <input type="checkbox"/> _____ | |
| PURPOSE OF TRIP | |
| \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ TRANSPORTATION MEALS LODGING OTHER TOTAL | |
| APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> | SUPERVISOR SIGNATURE DATE |
| APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> | DIVISION DIRECTOR DATE |