



OFFICE OF SECRETARY OF STATE
OUT OF STATE TRAVEL AUTHORIZATION

NAME	DIVISION	DATE
DESTINATION - TO (CITY, STATE)	FROM (CITY, STATE)	
DATE OF TRAVEL - START DATE	END DATE	
PURPOSE OF TRIP (INCLUDE TITLE OF TRAINING/CONFERENCE AND FIRM/AGENCY CONDUCTING TRAINING/CONFERENCE)	TOTAL NUMBER OF SOS EMPLOYEES TRAVELING TO THE SAME DESTINATION: SOS EMPLOYEE NAMES	
	1. (DRIVER)	
	2.	
	3.	
	4.	
CARPOOL (IF NO, ATTACH MEMO STATING BUSINESS REASON FOR NOT CARPOOLING) <input type="checkbox"/> YES <input type="checkbox"/> NO		

MEANS OF TRANSPORTATION (CHECK ALL THAT APPLY)

<input type="checkbox"/> FLY COMMERCIAL	<input type="checkbox"/> TRAIN	<input type="checkbox"/> PERSONAL CAR TO AIRPORT
<input type="checkbox"/> STATE CAR	<input type="checkbox"/> TAXI	<input type="checkbox"/> PERSONAL CAR TO FINAL DESTINATION (ATTACH COST JUSTIFICATION)
<input type="checkbox"/> RENTAL CAR	<input type="checkbox"/> BUS	<input type="checkbox"/> OTHER _____

ESTIMATED EXPENSES		CHECK APPLICABLE BOXES				ACCOUNTING DISTRIBUTION					NOTES
ESTIMATED AMOUNT ▼		Direct Bill	Purchasing Card	Employee Reimbursement	Outside Funding Source	ORG	FUND	APPR UNIT	REP CAT	PROJECT CODE	
COMMERCIAL TRANSPORTATION											
TAXI/SHUTTLE											
INTERAGENCY BILLING <small>(Ex. OA Fleet Car)</small>											
LODGING											
MEALS											
MILEAGE											
REGISTRATION/ CONFERENCE FEES											
OTHER <small>(includes parking, internet, phone, copies)</small>											
TOTAL											

DOCUMENTATION	ATTACHED	EXPLANATION
1. PER DIEM (oa.mo.gov/acct/MealPerDiem.htm)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. MEETING AGENDA	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. CONFERENCE REGISTRATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. TRAVEL (Mapquest)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. OTHER (21 day airfare, justifications, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DIVISION DIRECTOR	DATE
<input type="checkbox"/> REVIEWED	FISCAL OFFICE REVIEWER	DATE
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	EXECUTIVE DEPUTY	DATE