



STATE OF MISSOURI
 OFFICE OF ADMINISTRATION
 DIVISION OF ACCOUNTING
OUT OF STATE TRAVEL AUTHORIZATION

TYPE OR PRINT IN INK

NAME	DATE
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AGENCY	ACCOUNT NUMBER
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DESTINATION

PURPOSE OF TRIP

DATES OF TRAVEL	TO:	NUMBER MAKING TRIP
FROM:		

MANNER OF TRANSPORTATION

CAR
 PLANE
 BUS
 TRAIN

ESTIMATED EXPENSES	SPECIFY EXPENSES (IF NECESSARY)
MEALS	
MILEAGE	
LODGING	
OTHER (SPECIFY)	
TOTAL	

REMARKS

TRAVEL APPROVED

DIVISION DIRECTOR	DEPARTMENT DIRECTOR OR AUTHORIZED REPRESENTATIVE
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