



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

**TYPE OR PRINT IN INK**

NAME	DATE
AGENCY	ACCOUNT NUMBER

DESTINATION

PURPOSE OF TRIP

DATES OF TRAVEL		NUMBER MAKING TRIP
FROM:	TO:	

MANNER OF TRANSPORTATION

CAR
  PLANE
  BUS
  TRAIN

ESTIMATED EXPENSES		SPECIFY EXPENSES (IF NECESSARY)
MEALS		
MILEAGE		
LODGING		
OTHER (SPECIFY)		
<b>TOTAL</b>		

REMARKS

**TRAVEL APPROVED**

DIVISION DIRECTOR	DEPARTMENT DIRECTOR OR AUTHORIZED REPRESENTATIVE
-------------------	--