



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 FROM:	TO:	NUMBER MAKING TRIP
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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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