



Address:

PH:

Fax:

TO: Torrence W. Saxe, Commissioner

DATE:

FROM:

TEL:

SUBJECT: Request for In-State Travel not on Approved Travel Spend Plan

**Name of Traveler(s):**

**Destination:**

**Travel Dates:**

**Essential Purpose:**

**Justification for Multiple Travelers, N/A for Single Traveler:**

**What is the Immediate Operational Impact if Travel is Denied?**

**Funding Source (please indicate amounts):** Gen Fund:

Fed Rcpts:

Other:

**Total Estimated Funding:**

Transportation:

Per Diem:

Lodging:

Other:

**Total Estimated Expenses:**

Department Approval: Approved

Denied

Torrence W. Saxe, Commissioner

Date