



Travel Approval Request

BUSINESS UNIT:	3320218 (DO NOT CHANGE)	DMC Mail Stop #:		TELEPHONE:	
TRAVELER FIRST NAME:				SOURCE OF FUNDS:	
TRAVELER LAST NAME:				STATE ACCOUNT NUMBER:	
TRAVELER TITLE:				DEPARTMENT NAME:	
TRAVELER DESTINATION: CITY: STATE / COUNTRY:				DATES & TIME OF DEPARTURE:	DATE:
	DATES & TIME OF RETURN:	DATE:	TIME:		
PURPOSE FOR TRIP: <i>(If additional space is needed please type on a separate page)</i>					

ESTIMATED COST REQUEST			ACTUAL EXPENSE		
TRANSPORTATION:	\$	<input type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> RENTAL	TRANSPORTATION:	\$	<input type="checkbox"/> AIR <input type="checkbox"/> RAIL <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> RENTAL
REGISTRATION:	\$		REGISTRATION:	\$	
MEALS:	\$		MEALS:	\$	
HOTEL:	\$		HOTEL:	\$	
OTHER:	\$		OTHER:	\$	
TOTAL:	\$		TOTAL:	\$	

APPROVER INITIALS:
PRINT APPROVER NAME:

NOTE: Employee must select the method of travel that is in the best interest of the State.

In the space below, explain the methodology used to select the mode of transportation and lodging if it was not the lowest rate (i.e. justify and explain, if the lodging exceeds the US. General Services Administration (GSA) per diem rate. *(If additional space is needed please type on a separate page)*

CHECK ONE:	<input type="checkbox"/> NEW YORK STATE	<input type="checkbox"/> OUT-OF-STATE	<input type="checkbox"/> OUT-OF-COUNTRY
------------	---	---------------------------------------	---

NOT REQUIRED FOR NYC TRAVEL (*Manhattan, Bronx, Queens, Brooklyn and Staten Island*)

APPROVAL SIGNATURES:

_____ TRAVELER SIGNATURE	_____ TRAVELER SUPERVISOR	_____ DEPARTMENT CHAIR / HEAD
-----------------------------	------------------------------	----------------------------------