| **State of Oregon**  **Department of Administrative Services**  **Out-of-State Travel Authorization** | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Name of Employee:** | | | | | | | 1. **Date of Request:**     /  / | | | | 1. **Division/work unit:** | | | |
| 1. **Training Related? (If yes, attach agenda):**   **Yes**  **No** | | | 1. **\*Car Rental:**   **$** | | | **\*** Refer to OAM policy 40.10.00 section 107.  **Optional insurance will not be reimbursed.** | | | | | |
| 1. **Itinerary:**   **Destination (City, State):**  **Est. Departure Date/Time:**  **Est. Return Date/Time:** | | |  | | | 1. **Lodging Rates:**   **$**  **$**  **$**  **X**  **$** | | | | **Amount per night**  **Amount of Tax per night**  **Total per night**  **Number of nights**  **TOTAL** | | |
| 1. **Miscellaneous Costs:** (Please identify specific expenses: taxis, shuttles, phone, etc.)   *SAMPLE* | | | | | | | | | | | | |
| **a. $**        **b. $**        **c. $** | |  | | | | | | | | | | |
| 1. **Meals:**   **Rate # Meals Total**  **Breakfast: $**       **x**    **$**  **Lunch: $**       **x**    **$**  **Dinner: $**       **x**    **$**  **TOTAL** $ | | | | | | | | | 1. **Estimated Cost of Trip:**   **Meals/Lodging:**  **Airfare:**  **Personal Car Miles:**  **Car Rental (See # 5):**  **Miscellaneous (See # 8):**  **TOTAL** | | | | **$**       **$**  **$**  **$**  **$**  **$** |
| 1. **Purpose of Trip (Be Specific):** | | | | | | | | | | | | |
| 1. **Status:**   **Executive Service**  **Unrepresented**  **Management Service** | | | | | | **Union Represented:**  **OPEU**  **AFSCME** | | | | | | |
| **13.** **Travel Awards:** Check the appropriate boxes regarding any travel awards accepted as a result of this travel. Agencies are mandated to collect this information and maintain records on employee accumulations as reported. Travel awards include, but are not limited to airline frequent flyer miles, hotel and car rental points or rewards. OAM Policy 40.10.00 section.140  **I will □ / Will not □ Accept travel awards** as a result of, or associated with this state business trip. **Initials: \_\_\_\_\_\_\_\_**  Completion of this block is mandatory. Travel awards include, but may not be limited to, airline frequent flyer miles and hotel or car rental frequent customer awards or miles. | | | | | | | | | | | | |
| **14. Agency Approval:**– I certify that this trip is necessary and essential to the normal discharge of DAS responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by **ORS 292.230, OAM Policy 40.10.00**, and DAS policy. | | | | | | | | | | | | |
| **Supervisor:** | | | | | | | | | | | **Date:** | |
| **Division Administrator (or designee):** | | | | | | | | | | | **Date:** | |