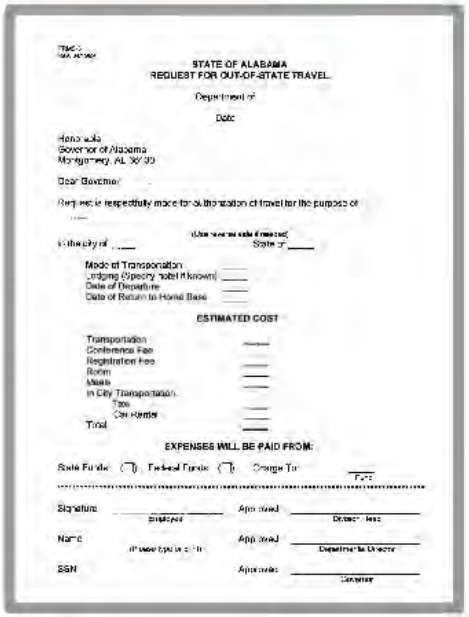
Revised Request for Out-of-State Travel

Office of the Governor
Produced by: Evan Ward

Standardized Form allows:

- Better Efficiency
- More Accountability
- Use of Technology

The Old Form:



STATE OF ALABAMA
REQUEST FOR OUT-OF-STATE TRAVEL

Department of

Date

Honorable
Governor of Alabama
Montgomery, AL 36130

Dear Governor:

Request is respectfully made for authorization of travel for the purpose of

(Use reverse side if needed)

Within City of ____ State of ____

Mode of Transportation
Lodging (Specify hotel if known) ____
Date of Departure ____
Date of Return to Home Base ____

ESTIMATED COST

Transportation ____
Conference Fee ____
Registration Fee ____
Room ____
Meals ____
In City Transportation ____
Taxi ____
Car Rental ____
Total ____

EXPENSES WILL BE PAID FROM:

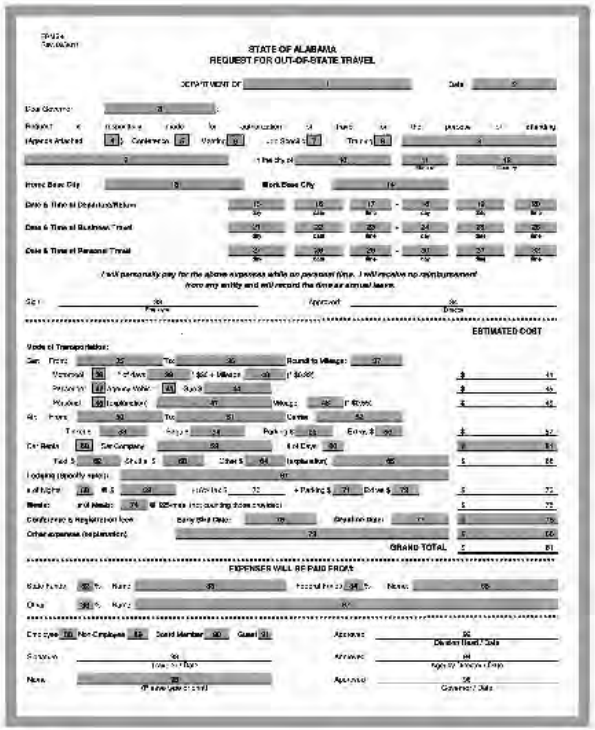
State Funds ( ) Federal Funds ( ) Change To: ____ Fund

Signature ____ Employee Approved ____ Division Head

Name ____ (Please type or print) Approved ____ Department Director

SSN Approved ____ Governor

The New Form:



STATE OF ALABAMA
REQUEST FOR OUT-OF-STATE TRAVEL

DEPARTMENT OF ____ Date ____

Dear Governor: ____

Request is respectfully made for authorization of travel for the purpose of ____ attending

Appendix Attached ____ Conference ____ Training ____ Other Details ____ Travel ____

____ Within City of ____ ____ ____

Home Base City ____ Work Base City ____

Date & Time of Departure/Return ____

Date & Time of Business Travel ____

Date & Time of Personal Travel ____

I will personally pay for the above expenses while on personal time. I will receive no reimbursement from any entity and will record the time as annual leave.

Sign: ____ Employee Approved: ____ Director

ESTIMATED COST

Mode of Transportation:

Car: From ____ To ____ Round to Mileage ____

Personal ____ # of Miles ____ $ $0.4 x Mileage ____ (# $0.40) $ ____

Personal ____ Agency Vehicle ____ Rate $ ____ $ ____

Rental ____ Explanation ____ Mileage ____ (# $0.40) $ ____

Air: From ____ To ____ Center ____

Taxi $ ____ Bus $ ____ Parking $ ____ Entry $ ____ $ ____

Car Rental ____ Car Company ____ # of Days ____ $ ____

Fuel $ ____ Tolls $ ____ Other $ ____ Explanation ____ $ ____

Lodging (specify name): ____

# of Nights ____ @ $ ____ + Parking $ ____ Other $ ____ $ ____

Meals: # of Meals ____ @ $25/day (no parking does not apply) $ ____

Conference & Registration fees: Early Bird Date ____ Deadline Date ____ $ ____

Other expenses (explanation): ____ $ ____

GRAND TOTAL $ ____

EXPENSES WILL BE PAID FROM:

State Funds ____ % Name ____ Federal Funds ____ % Name ____

Other ____ % Name ____

Employee ____ Non-Employee ____ Board Member ____ Guest ____ Approved: ____ Division Head / Date

Signature: ____ Employee / Non-Employee Approved: ____ Agency Director / Date

Name: ____ (Please type or print) Approved: ____ Governor / Date

FRMS-5
Rev. 02/2011

STATE OF ALABAMA
REQUEST FOR OUT-OF-STATE TRAVEL

DEPARTMENT OF 1 Date: 2

Dear Governor 3 :

Request is respectfully made for authorization of travel for the purpose of attending (Agenda Attached 4) Conference 5 Meeting 6 Job Specific 7 Training 8 9

1. Agency Name: agency traveler is employed with. If another agency is paying, that will be noted in the Funding portion of the form.

2. Date: date Employee completes form and turns into supervisor

3. Current Governor's name

REQUIRED ITEM:

4. Agenda/Schedule: Must highlight specific day, date/time of the start and finish of your participation in state business.

Request is respectfully made for authorization of travel for the purpose of attending
(Agenda Attached 4) Conference 5 Meeting 6 Job Specific 7 Training 8 9

5-8. Check the appropriate box:

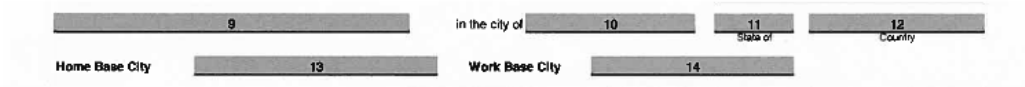
5. Conference/Seminars: Pre-scheduled events; large attendance expected; national, state, or regional in scope.

6. Meeting: Smaller group meeting for specific purpose, instances of short notice are acceptable

7. Job Specific: Performing job functions that are 75% of employee's normal routine

8. Training/Testing: Done to receive a certificate, continue education units/credits, required for promotion, or taking place in a classroom setting

9. Details: Name and/or description of event being attended



10-12. Destination: City, State, and Country to which travel is requested.

13. Home Base City: City of your home residence

14. Work Base City: City of your work station

*NOTE:
Travel to Hawaii, Alaska, and foreign countries requires extensive documentation and will be reviewed by the Chief-of-Staff and/or the Governor personally.

Date & Time of Departure/Return	15 day	16 date	17 time	-	18 day	19 date	20 time
Date & Time of Business Participation	21 day	22 date	23 time	-	24 day	25 date	26 time
Date & Time of Personal Travel	27 day	28 date	29 time	-	30 day	31 date	32 time

15.-17. Date & Time of Departure:

Date/time of departure from your base.

Approval of requested departure date will be determined based on the appropriateness of the departure date, given the traveler's proximity to his/her destination and the time state business begins.

Standard guidelines are that traveler must depart on same date when event begins at 5:00pm or later.

18.-20. Date & Time of Return

Date/time of return to your base.

Again, approval of requested return date will be determined based on the appropriateness of the return date, given the traveler's proximity to his/her destination and the time state business ends.

Standard guidelines are that traveler must return on same date when event ends at 2:00pm or earlier.

Date & Time of Departure/Return	15 day	16 date	17 time	-	18 day	19 date	20 time
Date & Time of Business Participation	21 day	22 date	23 time	-	24 day	25 date	26 time
Date & Time of Personal Travel	27 day	28 date	29 time	-	30 day	31 date	32 time

21.-23. Date & Time for start of State Business

Date/time of the beginning of employee's state business, meaning the employee's actual participation at the event. Travel plans should reflect the employee's specific participation.

24.-26. Date & Time for end of State Business

Date/time of the conclusion of employee's state business. Again, travel plans should reflect employee's actual participation.

Date & Time of Departure/Return	15 day	16 date	17 time -	18 day	19 date	20 time
Date & Time of Business Participation	21 day	22 date	23 time -	24 day	25 date	26 time
Date & Time of Personal Travel	27 day	28 date	29 time -	30 day	31 date	32 time

I will personally pay for the above expenses while on personal time. I will receive no reimbursement from any entity and will record the time as annual leave.

Sign: 33 Employee Approved: 34 Director

Personal Travel

27.-29. Date & Time for beginning of Personal Travel

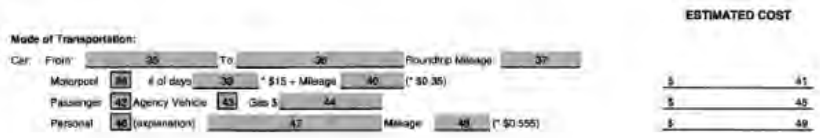
30.-32. Date & Time for end of Personal Travel

33. Employee Signature

34. Director Signature

*NOTE:
It is understood that the employee will pay for any expenses while on personal time, will record the time as Annual Leave, will not receive reimbursement from any entity, and that personal time taken cannot be recorded as , nor be used to create overtime.

Car Travel



35. City vehicle is departing from
36. City vehicle is traveling to
37. Roundtrip Mileage

REQUIRED ITEM:

1. Electronic mileage map calculation attachment required. 2. Number of miles car travelled ROUNDTRIP.

Check the ONE that applies:

38. Motorpool
    39. Number of days using Motorpool Vehicle
    40. Number of miles driven in Motorpool Vehicle, roundtrip
    41. Cost of Motorpool Vehicle is calculated for you
42. Passenger- (Put driver's name in box #47)
43. Agency Vehicle
    44. Money spent on gas for agency vehicle
    45. Cost of Agency Vehicle is calculated for you
46. Personal Vehicle
    47. Explanation is required as to why a Personal Vehicle is being used over other choices. If riding as a passenger, list the name of your driver in this box.
    48. Number of miles driven in Personal Vehicle, roundtrip.
    49. Cost of Personal Vehicle is calculated for you.

Airline Travel

Air: From: 50 To: 51 Carrier 52

Ticket $ 53 Bags $ 54 Parking $ 55 Extras $ 56 $ 57

50. City Airline is departing from
51. City Airline is travelling to
52. Name of Air Carrier
53. Ticket Cost

REQUIRED ITEM:

Quote of the ticket cost of the actual flight to be purchased is a required item. Traveler should print quote from specific website or travel agency where the ticket is purchased.

Traveler should purchase economy fares only, no business class or first class. If ticket exceeds $600, a note of explanation is required.

54. Cost of Checked Bags

Carry-on bag should be used for at least 2 days or less of travel. Limit yourself to one checked bag for 3-5 days of travel.

55. Cost of Parking
56. Extras: tips, baggage handling, ticket change fee, etc.
57. Estimated cost of air travel is calculated for you

Car Rental: 58 Car Company: 59 # of Days: 60 $ 61

Taxi $ 62 Shuttle $ 63 Other $ 64 (explanation) 65 $ 66

Car Rental Travel

58. Check if using Rental Car
59. Name of Rental Car Company
60. Number of Days using Rental Car
61. Estimated cost of Rental Car

REQUIRED ITEM:

Traveler must provide a quote of the projected car rental cost. Quote should be printed out from the website of the rental company/travel agency where the car is reserved.

Multiple employees attending the same event must share a rental car. Individual travlers may rent economy class only, while multiple travers may share a midsize.

Taxi/Shuttle Travel

62. Taxi Estimate

Traveler can utilize taxi/shuttle service or a rental car, but not both.
Multiple employees traveling to the same event must share taxi services.

63. Shuttle service estimate
64. Other Vehicle Costs

65. Explanation of Other costs

This area is only for costs that do not fall under previous categories.
Example: Miscellaneous charges from hotel for pick up/drop off.

66. Estimated cost of Taxi/Shuttle/Other car services is calculated for you.

Lodging

Lodging (Specify hotel): 67

# of Nights: 68 **@ $** 69 **+15% tax $** 70 **+ Parking $** 71 **Extras $** 72 **$** 73

67. Specific name of Hotel or Resort where traveler is lodging.

*NOTE: Employees attending conferences should stay at conference hotel, unless the employee prefers a less expensive alternative. Alternative cannot incur excessive in-town travel costs.

68. Number of nights at Hotel
69. Cost per Night

REQUIRED ITEM:

1. Quote from hotel expressing government rate of reservation required OR 2.Highlight on agenda paperwork the special rate for conference attendees.

Rate should not exceed $200/night. If hotel has excessive cost, note of explanation required. Additional consideration given to certain city markets. DO NOT ADD TAX! Form will automatically calculate an average tax of 15%.

70. Cost per night with Tax is Calculated for you
71. Parking cost at Hotel Lot
72. Extras: Tips, internet fees, etc.
73. Estimated Cost of Lodging is Calculated for you

Meals

Meals: # of Meals: (not counting those provided) 74 Breakfast @ $10 75 Lunch @ $15 76 Dinner @ $25 $ _____ 77

74.-76. Number of Meals

This should reflect the number of meals purchased by the traveler. All meal reimbursement will require a receipt of expenditures. Reimbursement for breakfast, lunch, and dinner cost is capped at the respective dollar amount stated on the form.

Highlight all meal times on agenda/schedule of conference/training and only request reimbursement for meals that are NOT provided to you.

Example: You may not be reimbursed for a lunch that was provided for within your agenda just because you chose not to participate in it or make a personal choice to eat elsewhere.

74. Number of Breakfasts
75. Number of Lunches
76. Number of Dinners
77. Estimated Cost of Meals is Calculated for you.

Conference Fees & Other Expenses

Conference & Registration fees	Early Bird Date:	78	Deadline Date:	79	$ 80
Other expenses (explanation)	81				$ 82
				GRAND TOTAL	$ 83

78. Early Bird Registration Date (if applicable)
79. Deadline Registration Date
80. Estimated Cost of Conference/Registration Fees

81. Explanation of any Other Expenses
82. Estimated Cost of Other Expenses

83. GRAND TOTAL of Expenses; this cost is calculated for you.

Funding

EXPENSES WILL BE PAID FROM:

State Funds 84 % Name: 85 Federal Funds 86 % Name: 87

Other 88 % Name: 89

84. Percentage of Travel covered by State Funds
85. Name of State Agency expending Funds
86. Percentage of Travel covered by Federal Funds
87. Name of Agency expending Funds
88. Percentage of Travel covered by Other Funds
89. Name of Agency, Grant, or other entity expending funds.

Approvals

Employee 90 Non-Employee 91 Board Member 92 Guest 93

Signature 95
Traveler / Date

Name 97
(Please type or print)

Approved 94
Division Head / Date

Approved 96
Agency Director / Date

Approved 98
Governor / Date

Check the ONE that applies:

90. Employee
91. Non-Employee, Contract Worker
92. Board Member
93. Guest, Speaker, Trial Witness, etc.

94. Signature of Division Head & Date
95. Signature of Traveler & Date
96. Signature of Agency Director & Date
97. Traveler's Name in Pring
98. Signature of Governor & Date