**OUT - OF – STATE TRAVEL APPROVAL REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| **AGENCY NAME** | **GRANT NAME** | **TRAVEL STATUS (DATES & TIMES)** | |
|  |  | BEGIN DATE: | END DATE: |
|  | | BEGIN TIME: | END TIME: |
| **EMPLOYEE NAME(S):** | | | |
| **PURPOSE OF TRAVEL AND LOCATION** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ESTIMATED COSTS** | | | |
|  | Amount |  | Amount |
| Air Fare |  | Meals with Overnight Stay |  |
| Car Rental |  | Meals without Overnight Stay |  |
| Lodging |  | Other Miscellaneous Travel (List Items) |  |
| Other (list items): |  | Conference, Education, & Training Registration |  |
| **Subtotal Costs** |  | **Subtotal Costs** |  |
| **Estimated Total Costs** | |  | |

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Authorized Contractor’s Name Signature Date

|  |
| --- |
| **FOR AHCCCS USE ONLY:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Agency Head or Approved Delegate Signature Date |
| EXCEPTIONS TO STATE POLICY (SUCH AS LODGING RATES IN EXCESS OF STATE RATES, ETC.) REQUIRE THE APPROVAL OF AHCCCS. IN SUCH CASES, THIS FORM, WITH AN EXCEPTION MEMO ATTACHED, IS TO BE FORWARDED TO AHCCCS. THE FORM AND MEMO WILL BE RETURNED TO THE AGENCY WITH AHCCCS’ DETERMINATION. |