**OUT-OF-STATE TRAVEL JUSTIFICATION MEMO**

Date: Select Date

To: Choose Administrator

From: Your Name

Re: Out-of-State Travel Request

Attached for your consideration is a travel authorization to attend Conference Name in Conference Location from Start Date through End Date. Please be sure to attach a copy of the activity information (i.e., conference brochure, etc.).

Attendance will provide professional development in the following areas: Conference Description.

**Lodging\* total request: $**Total Lodging Request

Reservation confirmed? Yes (attach confirmation) No

Choose # of Nights at a cost of $Cost Per Night per night includes tax

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**Meal\* allowance total request: $**Total Meal Per Diem Request

Choose # breakfast @ $Enter Each Amount

Choose # lunch @ $Enter Each Amount

Choose # dinner @ $Enter Each Amount

\*Lodging and meal per diem rates obtained through Travel Manual or Bev Sayle in the Business Office. Requests for meals and lodging must be consistent with the conference agenda.

Agenda/Schedule of Events attached.

Travel will take place the day before the conference because of travel distance or early morning meetings.

Return will take place immediately following the conference.

**Transportation Cost: $**Enter Total Transportation Cost **(estimated)**

**Airfare\*\***

State airfare quoted $State Quote

Other airfare quoted $Best Quote

**Other Mode of Transportation:** airport shuttle for a cost of $Enter Estimated Cost for Taxi, Shuttle, etc.

**Mileage** @ $.545 per mile for Total Miles miles = total request of $Total Cost for Mileage

\*\*Costs and departure/arrival information is approximate as quoted prior to booking and pending travel approval.

**Registration/tuition fees total request: $**Total Expense **(registration copy attached)**

Member registration - $Member Fee

Non-member registration - $Non-Member Fee

Additional workshop fees - $Additional Fee

Tuition and/or membership fee - $Tuition/Membership Fee

**Funding Source(s):** **Enter All Funding Sources**

**Total Funds Requested: $Enter Total Amount of Funds Requested**