

# TRAVEL REQUEST

DATE \_\_\_\_\_

IN ACCORDANCE WITH THE TOWN TRAVEL REGULATIONS, THE FOLLOWING OUT-OF-STATE-TRAVEL IS REQUESTED:

NAME OF TRAVELER: \_\_\_\_\_

DEPARTMENT/AGENCY: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

ITINERARY: (From:) \_\_\_\_\_ (To:) \_\_\_\_\_

PERIOD COVERED: (From:) \_\_\_\_\_ (To:) \_\_\_\_\_  
(Date Leaving State) (Date Returning to State)

**PLEASE CHECK SERVICE(S) REQUIRED:**

TRANSPORTATION

HOTEL

AUTO RENTAL \*

\* **STATEMENT OF NEED/JUSTIFICATION SHOULD BE ATTACHED.**

PERSONAL AUTO

OTHER

**ACCOUNT(S) TO BE CHARGED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*IMPORTANT\*\*\*: NOTIFY TRAVELER BEFORE TRIP OF: (1) TOWN TRAVEL REGULATIONS, AND (2) DOCUMENTATION REQUIREMENTS.**

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**DEPARTMENT APPROVAL**

I certify that this travel is in accordance with the department's current budget allotment.

\_\_\_\_\_  
**Signature of Authorized Agent**

\_\_\_\_\_  
**Date**