State of Oregon

Department of Administrative Services

Out-of-State Travel Authorization

1. Name of Employee:	*2. Date of Request:*	*3. Division/Work Unit:*

4. Training Related (If yes, attach Agenda): ☐ Yes ☐ No	*5. Car Rental:* $

6. Itinerary:	*7. Lodging Rate:*
Destination (City, State):	Amount per Night $
Est. Departure Date/Time:	Amount of Tax per Night $
Est. Return Date/Time:	Total per Night $
	Number of Nights X
	Total $

8. Miscellaneous Costs: (Identify Specific Expenses: Taxis, Shuttles, Phone, Etc.)

a. $
b. $
c. $

9. Meals:				*10. Estimated Cost of Trip:*	*12. Status:*
	Rate	# Meals	Total	Meals/Lodging:	
Breakfast	$			Airfare:	Executive Service ☐
Lunch	$			Personal Car Miles:	Management Service ☐
Dinner	$			Car Rental:	Unrepresented ☐
				Miscellaneous:	*Union Represented:*
				Total:	OPEU ☐ AFSCME ☐

11. Purpose of Trip (Be Specific):

Division 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.PO, and DAS Policy.

13. Supervisor:	*Date:*
14. Division Administrator (or Designee):	*Date:*
15.Office of Business Administration Travel Manager (or Designee)	*Date:*
16. Director of Operations (or Designee):	*Date:*

(Upon Completion of Official State Business Travel Attach Original Out-Of-State Travel Authorization Form to Travel Expense Detail Sheet)