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| Wisconsin Department of Administration |  | Bureau of Financial Management |
| Division of Administrative Services |  | 101 E. Wilson St., 9th floor |
| DOA-6264 (R12/2015) |  |  Madison, WI 53703 |

Out of State Travel Request/Expense Authorization

Instructions:

1) Complete and obtain approval, prior to incurring expense.

2) If more than one person attends the same activity, all participants may be listed on the same approval request. A copy of this form must be attached to each individual’s travel voucher for reimbursement of expenses. In each case, the originator for the request is responsible for the preparation, routing and distribution of the approved copies to each individual.

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| Agency | Division / Institution / Section |
|       |       |

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| --- | --- | --- | --- | --- |
| Name: |       |  | Name: |       |
| BU |       |  | BU |       |
| FUND |       |  | FUND |       |
| APPR |       |  | APPR |       |
| DEPT |       |  | DEPT |       |
| PROG |       |  | PROG |       |
| OP UNIT |       |  | OP UNIT |       |
| PCBU |       |  | PCBU |       |
| PROJECT |       |  | PROJECT |       |
| ACTIVITY |       |  | ACTIVITY |       |

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| Name: |       |  | Name: |       |
| BU |       |  | BU |       |
| FUND |       |  | FUND |       |
| APPR |       |  | APPR |       |
| DEPT |       |  | DEPT |       |
| PROG |       |  | PROG |       |
| OP UNIT |       |  | OP UNIT |       |
| PCBU |       |  | PCBU |       |
| PROJECT |       |  | PROJECT |       |
| ACTIVITY |       |  | ACTIVITY |       |

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| --- | --- | --- | --- | --- |
| No. Attending | Destination | Departure Date  | Return Date  | No. of Work Days |
|       |       |       |       |       |
| Check One (include title of course or activity) |
| [ ]  Business |       |
| [ ]  Conf/Convention |       |
| [ ]  Edu/Training |       |
| [ ]  Other (specify) |       |
|  |  |
|

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| --- |
| Costs to be claimed for reimbursement |
| [ ]  Transportation | $ |       |
| [ ]  Meals | $ |       |
| [ ]  Lodging | $ |       |
| [ ]  Registration Fees | $ |       |

 |  |
|  | [ ]  Other (specify) $ |       |
|  |  |       |
|  | Estimated Cost | $ |       |
|  | Reimbursed by Third Party? [ ]  Yes [ ]  No |
|  |  |
| Reimbursement Limitations/Restrictions (if any) |
|       |
| Supervisor’s Signature:  |       | Date (mm/dd/ccyy): |       |
| Administrator’s Signature:  |       | Date (mm/dd/ccyy): |       |
| Agency Head’s Signature:  |       | Date (mm/dd/ccyy): |       |

This document can be made available in alternate formats to individuals with disabilities upon request.