

# DIVISION OF EMERGENCY MANAGEMENT

Eff. 1/1/16

## Individual Travel Request

Date:

### TRAVELER'S INFORMATION:

Legal Full Name on Drivers License or ID:		Gender		Date of Birth:	
Travelers Phone #:	Travelers Cell#:			Employee ID or Vendor #	
Travelers Email Address:	Travelers Agency:			Travelers Budget #: <i>(for State Employees Only)</i>	
Travel Purpose: <i>(do not use Acronyms)</i>					
Travel Departure Address:	Departure City			Departure State	
Travel Start Date: <i>Enter in this format: 1/2/11</i>	Travel Start Time: <i>Time format 6:30 AM</i>			Advance? <i>DEM Staff Only</i>	
Travel End Date: <i>Enter in this format: 1/2/11</i>	Travel End Time: <i>Time format 5:30 PM</i>				
Is travel greater than 50 miles from the your Work Station?	Is this Out of State travel?	<i>For Out of State Use Only, Leave Blank</i>		<i>For Out of State use Only, Leave Blank</i>	
<a href="#">GSA Per Diem Rates Link</a>					
Destination City:	Destination County:			Destination State:	
Choose State Travel location <i>(Required for GSA Rate):</i>					
Do you need Airline reservations?				The traveler is required to make their own Lodging Accomodations. This Travel Request must be approved prior to you making your Lodging Reservation.	
Do you need a Motor Pool Car?	Mileage to and from Airport only:	Do you need DEM to make a Rental Car reservation?		Will you be car pooling with another traveler?	
Trip via Vehicle: Are you using an Agency or Personal Vehicle?					
Travel Requests must have the following documentation attached upon submittal:	<i>(1) Printout of applicable GSA rates for the trip, (2) Event Agendas (if applicable), (3) Copies of any reservation documentation, hotels, etc.. (if applicable), (4) MapQuest for all claimed mileage (if applicable), (5) A "Late Submission Memo" (if indicated on the 3rd line of this form).</i>				
Additional Travel Notes: <i>(do not use Acronyms)</i>					
Is travel Mission Critical? <i>*Check Box Required*</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>*Explanation Required* (Please identify your role and/or responsibility)</i>			
Is teleconference or video conference available? <i>*Check Box Required*</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, please explain need for travel. *REQUIRED*</i>			

### TRAVEL BUDGET and COSTS:

Funding Source Job Number:		DEM Budget:		Budget Category:	
Estimated Transportation Cost:	\$0.00	Estimated Lodging Cost:	\$0.00		
Estimated Per Diem Cost:	\$0.00	Advance Requested:	\$0.00	Estimated Trip Total:	\$0.00

### TRAVEL APPROVALS:

Supervisor:	Date:
DEM ASO III:	Date:
DEM Chief:	Date:

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### TRAVEL CATEGORY COSTS

Length of Travel	Total Days in Travel Status		Total Nights in Travel Status																																																									
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