



**STATE OF FLORIDA
AUTHORIZATION TO INCUR TRAVEL EXPENSE -
TRAVEL AUTHORIZATION REQUEST**

NAME	DATE	OFFICIAL HEADQUARTERS
DIVISION	OFFICE PHONE NUMBER	PROCESS AREA

DEPARTURE DATE:	RETURN DATE:	Were alternatives to travel, including teleconference, video conference, Web Ex, Go to Meeting, or other electronic means available? <input type="checkbox"/> YES, other means were available. <input type="checkbox"/> NO, other means were not available.
DEPARTURE TIME:	RETURN TIME:	

DESTINATION AND PURPOSE OF TRIP	ESTIMATED COST									
	REGISTRATION FEE	PER DIEM	MEALS	AIRLINE	CAR RENTAL	GROUND TRANSPORTATION	MILEAGE	HOTEL	PARKING	MISC
<input type="checkbox"/> Travel for Law Enforcement, Military, Emergency Management, or Public Health activities. <input type="checkbox"/> Travel for External Audit, Investigation, Litigation, or Examination. <input type="checkbox"/> Foreign or Out of State travel. <input type="checkbox"/> Conference or Convention. <input type="checkbox"/> DEO or Partner/ Sub Sponsored. <input type="checkbox"/> DEO or Partner/ Sub Organized. <input type="checkbox"/> Meeting/Administrative <input type="checkbox"/> DEO or Partner/ Sub Sponsored. <input type="checkbox"/> DEO or Partner/ Sub Organized.										
DESTINATION										
Total Estimated Cost:										

STATEMENT DESCRIBING HOW TRAVEL ACTIVITY IS CRITICAL TO THE AGENCY'S MISSION

I UNDERSTAND THE USE, POSSESSION OR TRANSPORT OF ALCOHOL OR ILLEGAL DRUGS IS STRICTLY PROHIBITED AT ANY TIME WHEN I AM RESPONSIBLE FOR ANY VEHICLE USED FOR OFFICIAL STATE TRAVEL.

I HEREBY CERTIFY THAT TRAVEL AS SHOWN ABOVE IS TO BE INCURRED IN CONNECTION WITH OFFICIAL BUSINESS OF THE STATE.

SIGNATURE OF TRAVELER	APPROVED BY - SUPERVISOR	APPROVED BY - DIVISION DIRECTOR
DATE	PRINT NAME	PRINT NAME
	DATE	DATE
APPROVED BY - CHIEF FINANCIAL OFFICER	APPROVED BY - AGENCY HEAD/ DESIGNEE	
PRINT NAME	PRINT NAME	DATE
Damon Steffens	DATE	DATE