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FLOR	RIDA DEPA OMIC OPI	RTMENT of PORTUNITY
EPARTURE DA	TE:	
EPARTURE TIM	IE:	

NAME	DATE	OFFICIAL HEADQUARTERS
DIVISION	OFFICE PHONE NUMBER	PROCESS AREA

	STATE OF FLORI										
AUTHORIZATION TO INCUR TRAVEL EXPENTANCE TRAVEL AUTHORIZATION REQUEST ECONOMIC OPPORTUNITY			DIVISION			OFFICE PHONE	NUMBER	PROCESS AREA			
		EQUEST									
DEPARTURE DATE:	RETURN DATE:	More elterne	ativos to trovo	L including t	olooonforon	o vidoo ooni	forence Mak	Ev. Co to I	Acoting or of	thor	
DEPARTURE TIME:	RETURN TIME:	Were alternatives to travel, including teleconference, video electronic means available? YES, other means						EX, GO 10 1			at available
DEL ARTORE TIME.	RETORIC TIME.	electronic m	earis available	e!] 1 E S, OHIE				NO, other r	neans were n	ot avallable.
DESTINATION AND	DUDDOSE OF TRIP		1	1		ESTIMAT	GROUND				
DESTINATION AND PURPOSE OF TRIP		REGISTRATION FEE	PER DIEM	MEALS	AIRLINE	CAR RENTAL	TRANSPOR- TATION	MILEAGE	HOTEL	PARKING	MISC
Travel for Law Enforcement, Military Health activities.	y, Emergency Management, or Public										
Travel for External Audit, Investigati	on, Litigation, or Examination.										
Foreign or Out of State travel.											
Conference or Convention.											
DEO or Partner/ Sub Sponsore	ed.										
DEO or Partner/ Sub Organize	d.										
Meeting/Administrative											
□ DEO or Partner/ Sub Sponsore	d.										
DEO or Partner/ Sub Organize	d.										
DESTIN	IATION										
			mated Co								
	STATEMENT DESCRIBING	G HOW TRAVE	L ACTIVITY	IS CRITICA	L TO THE A	GENCY'S MI	SSION				
UNDERSTAND THE USE, POSSESSION	N OR TRANSPORT OF ALCOHOL OR I	LLEGAL DRUG	GS IS STRIC	TLY PROHIE	BITED AT AN	NY TIME WH	EN I AM RE	SPONSIBLI	FOR ANY		
VEHICLE USED FOR OFFICIAL STATE 1											
I HEREBY	CERTIFY THAT TRAVEL AS SHOWN	ABOVE IS TO	BE INCURRE	D IN CONN	IECTION WI	TH OFFICIAL	BUSINESS	OF THE S	ГАТЕ.		
SIGNATURE OF TRAVELER	APPROVED BY - SUPERVISOR					APPROVED BY	' - DIVISION DIR	ECTOR			
	PRINT NAME					PRINT NAME					
DATE			DATE						DATE	<u> </u>	
APPROVED BY - CHIEF FINANCIAL OFFICER			APPROVED BY	- AGENCY HEA	AD/ DESIGNEE						
PRINT NAME			PRINT NAME								
Damon Steffens	DATE		1						DATE	<u>i</u>	