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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State of Florida | | | Name |  | | | | | | | | Official Headquarters | | | | |  | | Date | |  |
| Authorization to Incur Travel Expenses | | | Department | |  | | | | | | | Division | | |  | | | |  | |  |
|  | | |  | |  | | | | | | |  | | |  | | | |  | |  |
| Purpose of Trip: | |  | | | | | | | | | | | | | |  | Departure Date | Return Date | | Total Days | |
|  | | | | | | | | | | | | | | | |  |  |  | |  | |
| Destination: |  | | | | | | | | | | | | | | |  |  |  | |  | |
| Conference or convention travel: Explanation of benefits accruing to the State of Florida | | | | | | | | | | | | | | | |  | Departure Time | Return Time | | Trip Number | |
|  | | | | | | | | | | | | | | | |  |  |  | |  | |
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| Total Estimated Per Diem: | | | | | | | | | | | | | | | |  |  |  | |  | |
| Registration Fee: | | | | | | | | | | | | | | | |  |  |  | |  | |
| Car | | | | | | | | | | | | | | | |  |  |  | |  | |
| Motel | Motel | | | | | | | Confirm | | | Rate | | | Nights | |  | Cost |  | |  | |
|  |  | | | | | | |  | | |  | | |  | |  |  |  | |  | |
|  | | | | | | | | | | | | | | | |  |  |  | |  | |
| Airline | Airline | | | | | Dep. Flight | | | Time | Ret. Flight | | | Time | | |  | Cost |  | |  | |
|  |  | | | | |  | | |  |  | | |  | | |  |  |  | |  | |
|  | | | | | | | | | | | | | | | |  |  |  | |  | |
| TOTAL ESTIMATED COST FOR TRIP | | | | | | | | | | | | | | | |  |  |  | |  | |
| Comments: |  | | | | | | | | | | | | | | |  |  |  | |  | |
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| I hereby certify that travel as shown above is to be incurred in connection with official business of the State | | | | | | | | | | | | | | | |  |  |  | |  | |
| Signed: | | | | | | | Approved by Supervisor: | | | | | | | | |  | Date | Approved- Agency Head | | Date | |
|  | | | | | | |  | | | | | | | | |  |  | |  | |