|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |
|       |  |  |  |  |
|       |  |       |       |       |
|       |  |  |  |  |
| 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:  |       |  |  |  |  |
|       |  |  |  |  |
|       |  |  |  |  |
|  |  |  |  |  |
| 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 |
|  |  |  |  |  |