REQUEST FOR AUTHORIZATION OF OUT-OF-COUNTRY TRAVEL

This request must reach the Finance and Administration Cabinet at least five days before intended start of travel.

Authorization No. __________________________
Cabinet No. __________________________
Department No. __________________________
Division or Institution __________________________ Date __________, 19

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<tr>
<th>NAME OF OFFICER OR EMPLOYEE</th>
<th>POSITION</th>
<th>AMOUNT</th>
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Total Not to Exceed

Origin __________________________ Destination __________________________
Departure Date __________________________ Return Date __________________________
Purpose of Trip __________________________

Benefit to State __________________________
Benefit to Agency or Travellers __________________________
Background on Sponsoring Organization __________________________
Negative Impact of Trip Disapproval __________________________

Funding Source for Requested Travel __________________________
Other Pertinent Information __________________________

Will a State check be issued for registration fee (YES or NO) __________________________
Travel Mode: State Vehicle ______ Personal Auto ______ Airplane ______ Other ______

Explain Other __________________________
Common Carrier ______ State ______ Charter ______ Personally-owned ______

I certify that it is necessary for the officers or employees named above to make this trip on official business connected with the duties of their positions.

Signature of Chairperson/Date __________________________
Dean __________________________

Signature of Vice President/Date __________________________

Signature of President, __________________________ Date __________________________

WHITE - Accounts   CANARY - Agency (Approved)   PINK - Agency (Pending)