State of Delaware
OUT OF STATE AUTHORIZATION

(Submit in Duplicate)

NAME(S) DATE	PROPOSED DATE(S) OF TRAVEL

PURPOSE AND REMARKS

DESTINATION	**ESTIMATED COST**
MODE OF TRAVEL	A. Mileage $ _____ (prior written approval)
LODGING	B. Common Carrier _____
	C. Lodging _____
ADVANCE Requested ☐ Approved ☐	D. Per diem (M&IE) _____ **OR** Actual expense _____ (prior approval)
ACTUAL EXPENSE IN LIEU OF PER DIEM Requested ☐ Approved ☐	E. Tolls, parking, taxi,etc. _____
SUPERVISOR SIGNATURE DATE	F. Registration Fee _____
DIRECTOR SIGNATURE DATE	G. Other _____
	Total $ _____
	Appropriation to be Charged _____

TRIP REPORT

DATES(S)	TOTAL COST

ACTIVITIES, ACCOMPLISHMENTS, REQUIRED FOLLOW-UP AND REMARKS

SIGNATURE(S) DATE	SUPERVISOR SIGNATURE DATE