2013-15
LEGISLATIVE MANAGEMENT

OUT-OF-STATE TRAVEL REQUEST FORM

Legislator ____

Meeting/Conference ______________________________________

Location ____________________________ Date(s) ______________________

❑ Expenses are reimbursed by others Amount $___________

If yes: Organization ______________________________________

Costs to be reimbursed ______________________________________

Check each type of reimbursement you will be requesting from the Legislative Council:

- ❑ Meals (only meals not provided)
- ❑ Lodging
- ❑ Airline, luggage fees, and taxi/shuttle
- ❑ Mileage (limited to airfare cost)
- ❑ Registration fees
- ❑ Per Diem (# of days _____)
- ❑ Other (explain) ______________________________________

Have you received the consent of your leader for this meeting?
(**NOTE:** Consent by phone or email is sufficient.)

○ **Yes** ◉ **No**

I hereby request authorization for out-of-state travel:

______________________________ ______________________
Signature Date

Email Form

◆◆

Approval Granted ________________________ Request Denied ________________________

Reimbursement Limits (if any) ______________________________________

______________________________ ______________________
Senator Ray Holmberg Date
Chairman Legislative Management