

Subaward #: _____

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES

OUT-OF-STATE TRAVEL REQUEST

SUBRECIPIENT

Agency: _____

Project Director: _____ Phone #: _____

Address: _____

City: _____ Zip: _____

ATTENDEE(S)

Name: _____

Title: _____ Phone #: _____

Name: _____

Title: _____ Phone #: _____

TRIP DETAILS

Trip Date [Month/Day(s)/Year] _____

Destination (City/State) _____

Description _____

(Meeting/Conference/Other) _____

Justification (indicate the need for the trip and the benefits to the State. Use additional pages if necessary. Attach brochure if available.)

Subrecipient must attach Cost Worksheet to the Out-of-State Travel Request.

FOR CAL OES USE ONLY

Recommendation:

Approve

Disapprove

Program Specialist

Date

Unit Chief

Date

OUT-OF-STATE TRAVEL REQUEST COST WORKSHEET

Travel Policy – are the rates based on internal policy or the state’s travel policy? Please specify:

Internal Travel Policy State Travel Policy

Date of Trip: _____

Destination: _____

Purpose: _____

ESTIMATED COSTS

TRANSPORTATION:	AMOUNT
Airfare:	\$ _____
Additional Airport Expenses	
Mileage: (54 cents per mile)	\$ _____
Taxi/Shuttle:	\$ _____
Parking:	\$ _____
Auto Expenses:	
Private Car:	\$ _____
Rental Car:	\$ _____
State/Agency Car:	\$ _____
 HOTEL/PER DIEM	
Hotel:	
_____ days @ \$ _____ per day =	\$ _____
Per diem:	
_____ days @ \$ _____ per day =	\$ _____
 OTHER EXPENSES	
Registration/Conference Fee:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL COSTS NOT TO EXCEED:	\$ _____