

Photocopy for use as needed.

Form 2724A (2/11)

**AUTHORIZATION FOR TRAVEL**

In order to qualify for reimbursement of appropriate travel expenses, this form must be fully completed and approved by the appropriate authority.

EMPLOYEE NAME	TITLE
DIVISION	REQUEST DATE
TRAVEL DESTINATION	DATES OF TRAVEL
PURPOSE OF TRAVEL	

**ANTICIPATED EXPENSES**

- |                      |       |                 |       |
|----------------------|-------|-----------------|-------|
| a. Lodging           | _____ | d. Personal Car | _____ |
| b. Commercial Trans. | _____ | e. Other        | _____ |
| c. Meals             | _____ | TOTAL           | _____ |

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Overnight travel and /or car rental approval \_\_\_\_\_  
Division Head

Facility approval \_\_\_\_\_  
(See section D-5) Deputy Superintendent

\_\_\_\_\_  
Superintendent

Air Travel Approval \_\_\_\_\_  
Deputy Commissioner for Administration

Out of State Travel Approval \_\_\_\_\_  
Commissioner

Out of State Travel Approval over \$500 \_\_\_\_\_  
Office of State Operations (request #)

In State Travel over \$5000 \_\_\_\_\_  
Office of State Operations (request #)