OUT-OF-STATE PEOPLESOFTRAVEL AUTHORIZATION

1. **Description:** Enter the Agency 3 or 4 letter code, i.e. The Indiana Department of Administration is IDOA followed by a brief description of the reason for the out of state travel, i.e., conference, training.

2. **Business Purpose:** Select Business Out-of-State from drop down.

3. **Destination Location:** Name of City, State that is your business destination for your Out-of-State Travel.

4. **Date from:** Select date travel starts from drop down.

5. **Date to:** Select date travel ends from drop down.

6. **Comment, this box is to include:**
   - The reason for the travel, i.e., conference, training, meeting or other explanation, along with the travel date’s and destination. No acronyms are to be used the name of the sponsor/conference host must be spelled out.
   - A detailed explanation as to why it is in the best interest of the State that this request be approved.
   - An explanation if the request is turned in less than 30 days prior to the date of departure.
   - Name of entity if other than State, Dedicated or Federal Source of Funding.
   - Names of other traveler’s from same agency requesting to attend with this traveler.

7. **Attachments:** All items required to review request, inclusive of but not limited:
   - Registration form regardless of payment method.
   - Agenda or schedule.
   - Itinerary for lodging, air or car rental.
   - If applicable, a detailed memo justifying why more than two (2) need to attend.
   - If expenses are being paid by a source outside of General, Federal or Dedicated funds documentation stating what will be paid by them.
   - If travel is mandated by a grant or other source than documentation that shows that it is mandated.
   - If expenses are paid for by another entity that the State has a business relationship with a signed waiver from the Inspector General’s Office allowing this.

8. **Is any of this time Personal Time or weekend?** Check box if applicable and list exact date that time when traveler is on their starts and ends.
9. **Is this trip necessary to fulfill job duties?** When checking this box realize that the Travel Office will be looking for documentation to support this.

10. **Is this for Conference Attendance?** Check box if applicable.

11. **Transportation Information:** Check all applicable modes of transportation to be used for each trip.

12. **Fund Account Name and Fund Account Number:**
   - Full Account Name if General, Federal or Dedicated Source of Funding.
   - Check all boxes that apply and enter the percentage breakdown.

13. **Hotel Information:**
   - Hotel Name is to list the entire name, no abbreviations
   - City
   - Rate, inclusive of tax

14. **Contact Name and Contact Number:** This is to be the name and number of the Travel Coordinator for the Agency not individual contacts;

15. **Position/Job Title:** Specific position and job title.

16. **Date of Birth:** If airfare is checked this box must be completed per TSA regulations.

17. **Details:** Expenses must be detailed day to day.

18. Once this authorization has been checked for accuracy, select submit.