



STATE OF INDIANA

DEPARTMENT OF ADMINISTRATION

State Travel

402 West Washington Street, Room 468

Indianapolis, Indiana 46204

317.232.3150

OUT- OF- STATE PEOPLESOFT TRAVEL 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.