



STATE OF INDIANA

DEPARTMENT OF ADMINISTRATION
State Travel Division
402 West Washington Street, Room 468
Indianapolis, Indiana 46204
IDOATravel@idoa.IN.gov

**Instructions: Completing SF 823
Authorization/Request for Out of State Travel
Form Revised 06/16/16**

Note: The below numbers correspond with the numbered boxes on the State Form 823 (R12 / 5-15)

- 1) Name of Agency and name of Division.
 - a. Example: Department of Administration/Travel Management.
- 2) Month-Date-Year request is being submitted to the Department of Administration Travel Office.
- 3) The Agency Request number is to be determined by the Agency.
- 4) Complete last name, first name and middle initial.
 - a. Example: Smith, John A.
- 5) Name of Position and Title.
 - a. Example: Travel Coordinator/Program Director.
- 6) If adding personal time, check “Yes.” If the “Yes” box is checked you must list dates that are being added. If only the time required for the official business is being used, check “No.”
- 7) This is to be home or station whichever is closest to your destination.
 - a. Example: If I reside in Greenwood, my station is Indianapolis, then, I would fly out of Indianapolis International Airport. The origin of trip would be Indianapolis, IN.
- 8) Exact date and estimated time of departure.
 - a. Example: If flying and your plane departs at 10:00a.m., you will need to allow at least 1.5 hours prior to departure time for check-in; so you would list 8:30a.m. as time of departure. 7/21/09 8:30a.m.
- 9) Exact date and time your part in any meeting, conference or other official business starts.
 - a. Example: Conference starts 7/20/09 at 8:00a.m., however the part I have to attend does not start until 7/21/09 at noon, this would be listed as 7/21/09 12:00p.m.
- 10) Check “Yes” if this travel is essential to your job; Check “No” if it is not essential.
- 11) If the supporting documentation shows conference then this box must be checked.
- 12) City and State or Country that you are requesting to go.
- 13) Exact date and estimated time of return to origin.
- 14) Exact date and time your part in any meeting, conference or other official business ends.

- 15) The name of the travel contact for the Agency.
- 16) The agency travel contact's phone number.
- 17) Use this space to provide a detailed explanation of the purpose of the travel. This should include how it is in the best interest of the State that you attend. Include the name of the sponsor and who is funding the travel. Include the name of the company, workshop, seminar or meeting. Acronyms are not to be used. Include names of other travelers from same agency requesting to attend with this traveler. If request is less than 30 days away from date of travel, or if immediate action is required due to upcoming registration deadlines, explanation should be here and "RUSH" should be checked at the top of the form.
- 18) Do not register before the travel is approved, however the actual registration costs are to be listed here.
- 19) The box for all modes of transportation that are to be utilized are to be checked and estimated costs listed for each box selected. Unless otherwise directed by IDOA Travel Services, estimated airfare is to be obtained through the State's contracted online booking tool.
- 20) Hotel name and the city hotel is located in. The estimated rate per day must include the tax rate.
- 21) The daily amount is \$32.00 times the total amount of days that the traveler will be entitled to per diem minus any meals provided.
- 22) The total of all estimated "other expenses" that will be incurred for this travel.
- 23) List baggage fees, internet fees, shuttle or other ground transportation to be used in city of destination as well as airport parking fees, (e.g. 5 days X \$9.00 = \$45.00) in city/state of origin, and any other fees that may be associated with this trip. All fees must be specific, and "miscellaneous fees" will not be accredited.
- 24) Total of all estimated Expenses.
- 25) Actual name of account; example: a grant name or other.
- 26) Actual Account Number; example: 0000/000000
- 27) Check the box or boxes that apply along with a percentage breakdown and total on each corresponding line.
- 28) If Other Source is marked, please type name of other source in the line below.
- 29) Signature of the traveler or designee on behalf of traveler.
- 30) Agency Head or Executive Level Designee's signature.