

EMPLOYEE TRAVEL AUTHORIZATION FORM

Purpose & Use: All out-of-state/country travel with an overnight stay requires prior authorization. This form is provided in accordance with the Agency of Administration's [Bulletin 3.4: Employee Travel & Expense Policy](#) (refer to *Travel Authorization* section). Its use is intended for employee travel requiring prior authorization but for which an on-line Travel Authorization (VISION Expenses module) is not required, nor used; **most generally this form will be required for prior authorization of out-of-state/country travel without a cash advance.** This form may be used in lieu of the on-line Travel Authorization (TA) under the following conditions:

- i. Cash Advance is not requested - all requests for a cash advance require an on-line Travel Authorization in the VISION Expenses module;
- ii. Employee's department has authorized use of the form; the department head may require employees to use the on-line Travel Authorization for all travel requiring prior authorization;
- iii. Departments may develop and require use of a substitute form provided it captures, at a minimum, the data elements of this form.

Note: All out-of-country travel requires prior authorization from the employee's department and the Secretary of Administration. *For purposes of this form, out-of-country is defined as overnight travel to any destination other than the 48 contiguous states or Washington, DC.*

Instructions:

- ❖ Form is intended to be completed and submitted for approval by the employee who will be traveling.
- ❖ Form must be approved by the authorized individual(s) **prior** to any travel and/or commitment of funds; prior authorization is required even when there is expected to be no direct cost to the State (e.g., third-party payment).
- ❖ Whether approved or disapproved, the completed form should be returned (*or notification provided*) to the requesting employee.
- ❖ If approved, copies of the completed form and all required receipts must be retained as supporting documentation for any associated payments and/or employee expense reimbursements.
- ❖ **Business Purpose** (form field): Use these definitions to select the **1** category that **best** describes the reason for travel:
 - **Audit-Inspection-Licensing:** Travel & expenses related to auditing, inspecting, licensing, etc. of State regulated entities or industries;
 - **Client Support:** Travel & expenses related to the care and support of individuals under State care or protection;
 - **Conference:** Travel & expenses to attend a conference, seminar, convention, trade show, etc.;
 - **Construction-Repair-Maintenance:** Travel & expenses related to the construction, repair, maintenance, etc. of State owned, occupied or maintained assets;
 - **Economic Development:** Travel & expenses related to the securing of revenue, issues directly impacting revenue, promoting economic vitality & growth, etc.;
 - **General Expense (Other):** Travel & expenses that do not fit any of the other definitions, including *Moving* expenses, *Interview* expenses and *Administrative Claims* (re: Title 32 VSA §932a).
 - **Legal-Law Enforcement:** Travel & expenses related to legal proceedings, law enforcement investigations, transporting of individuals in State custody, etc.;
 - **Legislator:** Restricted for Legislator use only;
 - **Meeting:** Travel & expenses to participate in a meeting (note: Meetings are generally less formal and smaller scale in terms of agenda, participants and duration than Conferences);
 - **Training:** Travel & expenses related to receiving or delivering formal training, education or instruction;
- ❖ **Explanation of Travel** (form field): Provide additional information (e.g., name of convention, type of training, etc.) to enhance the approver's evaluation of the request.
- ❖ **Expenses** (form field): Provide an estimate of all expected allowable travel expenses and indicate whether the expense will be **(1) Reimbursed to the Employee**, **(2) Prepaid by the Department** (direct vendor payment, charged to P-Card, etc.) or **(3) Paid by a Third-Party*** (direct vendor payment, reimbursement to department, provided at no cost/fee waived, etc.).

* Supplemental form "**Authorization of Employee Expenses to be Paid by a Third-Party Organization**" must be completed and attached to the travel authorization. [Note: Supplemental form is not required when the third-party organization is a State or Federal government entity.]

EMPLOYEE TRAVEL AUTHORIZATION FORM

EMPLOYEE NAME		EMPLOYEE ID	
DEPARTMENT		DEPARTURE DATE	
POSITION TITLE		RETURN DATE	
DESTINATION (City, State/Country)			

BUSINESS PURPOSE (check one): Audit-Inspection-Licensing; Client Support; Conference; Construction-Repair-Maintenance; Economic Development; General Expense/Other; Legal-Law Enforcement; Legislator; Meeting; Training;

EXPLANATION of TRAVEL (attach additional information as necessary):

EXPENSES	✓ Payment Method	Est. Cost
Airfare	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Mileage (personal vehicle)	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Rental Vehicle	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Other Transportation	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	

EXPENSES	✓ Payment Method	Est. Cost
Lodging	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Meals	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Registration Fee	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
Other Expenses	<input type="checkbox"/> Employee Reimb. <input type="checkbox"/> Dept. Prepaid <input type="checkbox"/> Third-Party	
TOTAL ESTIMATED COSTS		

➤ **Important:** When applicable, complete "Authorization of Employee Expenses to be Paid by a Third-Party Organization" form.

EMPLOYEE CERTIFICATION	
By signing below, I certify the requested travel is appropriate and necessary for conducting official State business, and agree to comply with the Agency of Administration's Bulletin 3.4: Employee Travel & Expense Policy .	
SIGNATURE _____	DATE _____

DEPARTMENT HEAD (or Designee) AUTHORIZATION			
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED	
PRINTED NAME & TITLE			
SIGNATURE		DATE	

SECRETARY OF ADMINISTRATION AUTHORIZATION for OUT-OF-COUNTRY TRAVEL			
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED	
SIGNATURE		DATE	