



# AUTHORIZATION FOR OUT-OF-STATE TRAVEL

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FINANCE

SFN 1775 (4-2025)

**NOTE:** Before any plane tickets or other commitments are made, this authorization must be completed and approved.

|  |                     |  |                         |
|--|---------------------|--|-------------------------|
| Person Traveling (Last Name, First Name)                                   |                     | Title  | Department ID           |
| Division/Section   |                     | Destination(s) (City/State)  |                         |
| Date of Departure from Home  | Date to Return Home | Does trip include vacation days?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Vacation Days |
| Name of Meeting/Purpose of Trip and Explain How Information will be Shared |                     |  |                         |

**EACH PERSON TRAVELING NEEDS TO COMPLETE AN AUTHORIZATION REQUEST.** All authorization requests to attend the same conference must be submitted together (In **RATIONALE**, Include additional names if more than one team member is attending).

|   |
|---|
| Names of Additional Team Members Requesting Authorization |
| Rationale for More than One Team Member Attending         |

Check here if all travel costs will be paid by another entity, with NO cost to the Department. (NO FURTHER COST DATA NEEDED)

Public Health Grant Code

|   |
|---|
| Name of Entity Responsible for Travel Costs |
|---|

## PROJECTED COSTS

|   |  |                           |                            |               |                             |                    |
|---|--|---------------------------|----------------------------|---------------|-----------------------------|--------------------|
| DRIVING   | <input type="checkbox"/> State Vehicle <input type="checkbox"/> Personal Vehicle | Estimated Number of Miles | X                          | Cost Per Mile | Total Driving Cost          |                    |
| AIR TRAVEL AND LODGING  | Commercial Air   | Baggage Fee               | Estimated Number of Nights | X             | Cost Per Night              | Total Lodging Cost |
| MEALS AND OTHER   | Total Meals  | Registration Fee          | Taxi/Parking               | Other Costs * |                             |                    |
| <i>If the Department paid for the employees airfare to a conference and the conference is cancelled or postponed causing the airline to give the employee an e-ticket, the employee must:</i>   |  | ACFO Signature            |                            |               | <b>Total Projected Cost</b> |                    |
| <ul style="list-style-type: none"> <li>● Use the e-ticket for future work-related travel;</li> <li>● If the employee terminates employment, he or she must transfer the e-ticket to the Department; or purchase the airfare ticket at 50% of the cost.</li> </ul> |  | ACFO Comments             |                            |               |                             |                    |

|                              |
|------------------------------|
| * Explanation of Other Costs |
|------------------------------|

|   |      |  |      |
|---|------|--|------|
| Signature of Person Traveling   | Date | Division or Section Supervisor Signature | Date |
| Division Executive Director Signature (Includes Chief Officers of Operations, i.e., HR, Legal, Finance, Communications) |      |  | Date |