AUTHORIZATION FOR OUT-OF-STATE TRAVEL

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FISCAL ADMINISTRATION DIVISION
SFN 1775 (1-2014)

Clear Fields

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

Person Traveling (Last Name, First Name)	Title	
Division/Program/Institution		Department ID
Destination(s) (City/State)		
Date of Departure from Home	Date to Return Home	Does trip include vacation days? ☐ Yes ☐ 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; however, all authorization requests are to be submitted together.

Staff Requesting Authorization	Rationale for More than One Staff Member Attending
Name of Staff	
Name of Staff	
Name of Staff	

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

Name of Entity

PROJECTED COSTS

DRIVING	☐ State Vehicle ☐ Personal Vehicle		Estimated Number of Miles	Cost per Mile **X**	Total Driving Cost
AIR TRAVEL AND LODGING	Commercial Air	Baggage Fee	Estimated Number of Nights	Cost per Night **X**	Total Lodging Cost
MEALS AND OTHER	Total Meals		Registration Fee	Taxi/Parking	Other Costs
				CFO Review	**Total Projected Cost**

Explanation of Other Costs

Signature of Person Traveling	Date
Senior Manager Approval	Date
Executive Director Approval	Date