Instructions for Traveler:

1. Select your supervisor from dropdown box

Select from dropdown
Kendall Penn
Danny Weaver Sherrey Bullock
Gina Chandler
Don Johnson

2 Fill out all required fields.

Type the traveler(s) name(s) below								
Employee(s) Traveling:								
		Select from dropdown						
2 Division								
		Select from	dropdown	-				
Official Station								
						1		
Please provide details of anticipated trip below.								
Destination								
(Physical Address)	Trip Classification	Explan	ation/Purpose	for travel	Leave Date	Return Date		
Please provide estimated costs for the travel below.								
		Estimated						
	Estimated GSA	GSA Meal	Estimated	Estimated Other	Provide explanation supporting other			
Estimated Total Mileage	Lodging Rate (Daily)	Rate (Daily)	Airfare	travel costs	travel costs			
	Employee(s) Traveling: Division Official Station Please provide details of anticipat Destination (Physical Address) Please provide estimated costs fo Estimated Total Mileage	Employee(s) Traveling: Division Official Station Please provide details of anticipated trip below. Destination (Physical Address) Trip Classification Please provide estimated costs for the travel below. Estimated Total Mileage Lodging Rate (Daily)	Type the travele Employee (s) Traveling: Division Select for Official Station Please provide details of anticipated trip below. Destination (Physical Address) Trip Classification Extimated Costs for the travel below. Estimated GSA Estimated GSA Lodging Rate (Daily) Comparison Estimated Total Mileage	Type the traveler(s) name(s) below Select from dropdown Official Station Please provide details of anticipated trip below. Destination (Physical Address) Trip Classification Explanation/Purpose Please provide estimated costs for the travel below. Estimated Total Mileage Estimated GSA Rate (Daily) Airfare Estimated Rate (Daily) Estimated Rate (Daily)	Type the traveler(s) name(s) below Employee(s) Traveling: Select from dropdown Official Station Please provide details of anticipated trip below. Please provide details of anticipated trip below. Please provide estimated costs for the travel below. Please provide estimated costs for the travel below. Estimated Total Mileage Estimated GSA Rate (Daily) Figure 1 Fi	Trip Classification Please provide details of anticipated trip below. Destination Please provide estimated costs for the travel below. Please provide estimated costs for the travel below. Estimated Total Mileage Lodging Rate (Daily) Rate (Daily) Automatical Address Travel costs Travel c		

3 Click Request Manager Approval



Close the form and don't save the changes. Your request automatically email to supervisor for review.

Instructions for supervisor: Click Request Fiscal Verification and close the form



