



## OVERNIGHT IN-STATE TRIP AUTHORIZATION

Employee: \_\_\_\_\_ Department: \_\_\_\_\_

In-State Destination: \_\_\_\_\_

Purpose:

Date of Travel: \_\_\_\_\_

Mode of Travel:

City Vehicle

Personal Vehicle

Explain why personal vehicle is being used:

\_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head

Authorized: \_\_\_\_\_ Date: \_\_\_\_\_  
Mayor