



## OVERNIGHT IN-STATE TRIP REQUEST/AUTHORIZATION

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

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

Purpose: \_\_\_\_\_

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Date(s) of Travel: \_\_\_\_\_

Mode of Travel:

- City Vehicle
- Personal Vehicle

Explain why personal vehicle is being used:

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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

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