



**OVERNIGHT IN-STATE
TRIP REQUEST/AUTHORIZATION**

Employee: _____ Department: _____

In-State Destination: _____

Purpose: _____

Date(s) of Travel: _____

Mode of Travel:

9 City Vehicle

9 Personal Vehicle

Explain why personal vehicle is being used:

Employee Signature: _____ Date Submitted: _____

Authorized: _____ Date: _____
Department Head

Authorized: _____ Date: _____
Mayor