

**ARKANSAS AGRICULTURE DEPARTMENT TRAVEL/TRAINING/CONFERENCE AUTHORIZATION REQUEST**

A135.300

TYPE OF TRAVEL:	INSTATE (DAY):	OUT-OF-STATE (DAY):
	INSTATE (OVERNIGHT):	OUT-OF-STATE (OVERNIGHT):

NAME:	OFFICIAL TITLE:
AGRICULTURE DIVISION:	OFFICIAL STATION:
DIVISION UNIT:	COST CENTER:

AWARD CHARGED:	WBS ELEMENT:
----------------	--------------

DESTINATION:				
PURPOSE OF TRAVEL:				
DEPARTURE DATE:	RETURN DATE:			
MODE OF TRAVEL:	<table> <tr> <td>COMMON CARRIER</td> <td>STATE VEHICLE</td> <td>PRIVATE VEHICLE</td> </tr> </table>	COMMON CARRIER	STATE VEHICLE	PRIVATE VEHICLE
COMMON CARRIER	STATE VEHICLE	PRIVATE VEHICLE		

ESTIMATED MAXIMUM EXPENSE:		DIRECT PAYMENT REQUESTED FOR:
TRANSPORTATION:	MISCELLANEOUS ITEMS:	TRANSPORTATION:
LODGING:	REGISTRATION FEE:	LODGING:
MEALS:	OTHER:	REGISTRATION:

SPECIAL AUTHORIZATION TO EXCEED THE MAXIMUM EXPENSE IS ALLOWED FOR:	
TRANSPORTATION:	JUSTIFICATION:
LODGING:	
MEALS:	

APPROVALS:

SUPERVISOR:

EXECUTIVE DIRECTOR:  
(OR DESIGNEE)

FISCAL:

---

CONFERENCE & TRAVEL FUND CUSTODIAN USE ONLY    FUND AUTHORIZATION (Commitment Item 09)

CONFERENCE	SEMINAR	TRAINING	DIRECT PAYMENT TOTAL:
DATE:	APPROVED: YES	NO	TOTAL AMOUNT: