

MEMO

To: (FILL IN: THP's FPO Sgt)

From:

Date:

Subject:

Attachments: (Please attach meeting/training agenda.)

Is this travel required?

(Contractor's Instructions: Insert your letterhead, provide a detailed explanation of the travel request, attach documentation and fill in the request form on page 2; then submit to the current THP FPO Sgt for pre-approval. Travel authorization is at the discretion of the Dept. of Safety & Homeland Security. Be sure to include all applicable information and submit in a timely manner. Travel must be pre-approved. Travel which pre-dates requests will not be approved.)

Instructions: All travel requests require a memorandum and itemized estimated travel costs when submitted. The memorandum should include detailed justification for use of funds such as why the travel request is beneficial to the department, if it is required for the Contractor's job duties and allowable under the contract. FPO Sgt: Please also include the standard "Request for Commissioner's Signature" coversheet with your request.

Click here to enter text.

| Travel Details | | | | | |
|--|--|-------------------------------------|--|--|---------------------------|
| Number of Contractor Attendees: | | | | | |
| Contractor Names:* | | | | | |
| Division/Department ID: | | | | | |
| Purpose of Travel: | | | | | |
| Location of Meeting/Training: | | | | | |
| Date(s) of Meeting/Training: | | | | | |
| Date(s) of Travel: | | Departure: | | Return: | |
| Estimated Costs Per Person | | | | | |
| ^A Lodging per Night: | | | ^B Number of Nights: | | Total Room Costs: (A x B) |
| Meals-Total Per Diem per person** | | | | | |
| Transportation | | | | | |
| Total Airfare: | | | Baggage Fees: | | |
| Registration Fees: | | | | | |
| Miscellaneous: | | | | | |
| Total Per Person: | | | | | |
| Vehicle Costs | | | | | |
| Rental <input type="checkbox"/> | | | Personal <input type="checkbox"/> | | State X |
| ^A Cost of Rental: | | ^B Number of Rental Cars: | | Total Rental Costs: (A x B) | Mileage Cost Estimate |
| | | | | | No Costs |
| Total Travel Costs | | | | | |
| (Total Per Person + Total Vehicle Costs)*** | | | | | |
| Funding Information | | | | | |
| State Funded? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Grant Funded? | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | | Grant Project ID: | | |
| | | | Name of Grant: | | |

Commissioner's Office Use Only

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|--|--|
| Fiscal Approval - Funding Available? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | |
| | |
| Commissioner Approval - Approved: <input type="checkbox"/> Not Approved: <input type="checkbox"/> | |
| | |

* If more than 3 contractors, please attach a complete list of names in a separate document.

** Per diem rates can be found at <http://www.gsa.gov/portal/content/104877>. For this entry, calculate meal per diem for the entire course of the travel period and enter the total amount in the "meals" field.

*** Costs for all attendees.