



OVERNIGHT IN-STATE TRIP REQUEST/AUTHORIZATION

Employee: _____ Department: _____

In-State Destination: _____

Purpose: _____

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