



All About Discovery!<sup>™</sup>  
**College of Agricultural, Consumer  
 and Environmental Sciences**  
 Cooperative Extension Service

\_\_\_\_\_, Extension Service

County

**AGENTS REQUEST FOR  
 OUT-OF-COUNTY/STATE AUTHORIZATION**

*Please attach approved copy to reimbursement voucher*

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

TITLE: \_\_\_\_\_

Printed Name of Traveler

\_\_\_\_\_

Traveler Signature

TO: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

Destination of Trip

PURPOSE AND JUSTIFICATION: \_\_\_\_\_

**TRAVELER'S REQUEST**

Traveling

\_\_\_\_\_ Alone

\_\_\_\_\_ Other Extension people traveling with me are: \_\_\_\_\_

\_\_\_\_\_ Clientele traveling with me. Estimated number: \_\_\_\_\_

Mark (X) items requesting for trip:

\_\_\_\_\_ Mileage    \_\_\_\_\_ Per Diem    \_\_\_\_\_ Necessary Expenses    \_\_\_\_\_ Official Time Only

Total Estimated Cost of Trip: \_\_\_\_\_

Index Number: \_\_\_\_\_

Other, who authorized: \_\_\_\_\_

Name

Recommended for Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

County Program Director Signature

Authorized \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

District Program Director Signature

Date

Comments: \_\_\_\_\_