

Form # _____

Out-Service Training Authorization Form

Created _____

Employee Information

First Name _____ Last Name _____ Employee ID _____ Bureau/Region _____ Department ID _____

Official Job Title _____ State Email Address _____ State Phone Number _____

Travel Information

Nearest Official Station _____ City _____ State _____ Zip Code _____ Round Trip Distance _____
Destination _____ miles

Event Name _____ Event Start _____ Departure _____

Event End _____ Return _____

Justification for Travel

Estimated Expenses

| Source of Funding | |
|-------------------|-----------|
| _____ | % State |
| _____ | % Federal |
| _____ | % Other |
| _____ | % Total |

| Expense Type | Number of Days | Cost per Day | Total |
|---------------------------------|----------------|--------------|-------|
| Lodging (incl. tax and fees) | | | |
| Meals (1st & Last - 75%) | | | |
| Meals (All Other Days) | | | |
| Number of Employees | | | |
| Transportation | | | |
| Other | | | |
| Total Travel Expenses | | | |
| Registration Fee | | | |
| Grand Total Estimated Cost | | | |

Charge Travel Expenses To _____

Charge Registration Fee To _____

Signatures

Division Director _____

Human Resources _____

Bureau Chief _____

Commissioner _____

Finance _____

(not required for in-state travel)

Out-Service Training Form

Please attach all applicable supporting documentation. Check the box next to each attached type. The amounts indicated in the documentation must match the corresponding amounts in the Estimated Expenses table.

Type of Documentation

(must display all items listed in each applicable expense)

- Event Brochure / Flyer / Website Printout** *(required for all Events)*
1. Registration fee amount | 2. Start and End dates | 3. Location | 4. Agenda

- Lodging** *(required if the "Lodging" amount is greater than \$0.00)*
1. Check-in date | 2. Check-out date | 3. Rates for lodging and taxes

- Other** *(required if the "Other" amount is greater than \$0.00)*

- 1. Best estimate of daily amount for each expense, based on applicable local rate(s)
2. Number of days each type of expense will be applied

- GSA [Per Diem Rates Table](#)** applicable to the Event Location *(required for overnight stays)*

- 3rd-Party Payment** *(required if "% Other" in Source of Funding table is greater than 0)*
Memo, email, or other document from an external organization agreeing to cover any or all expenses which TDOT would normally cover

- Approved TDOT Motor Vehicle Exception Form**, when applicable, available on Central Services intranet [page](#)

- Division-Specific Requirement(s)** - Any other memos or forms, as required by the applicable Region or Division Director