Print Form

State of Delaware **ARRA- Out-of-State Travel Request Form**	Date of Request

Name of Traveler/Title	
Agency	**Division**
ARRA Grant (Funds will be withdrawn from):	
Proposed Trip (City, State) **FROM:**	**TO:**

Dates of Departure and Return	**Mo./Day/Yr.**	
	From	**To**

Explanation of Request (Explain purpose of the trip. Attach a copy of agenda, course description, or invitation)

Transportation by: (Check all that apply)-

Airplane ☐	**State Auto** ☐	**Personal Auto** ☐	**Other (Specify):**

Transportation	**Miles @**		**Per Mile**
Hotel	**Nights @**		**Per Night**
Meals	**Days @**		**Per Day**
Registration Fee Amount			
Other Costs (specify) $			
TOTAL COST:			

Signature of Traveler	Date
APPROVALS	
Agency Signature/Title	Date
Lt. Governor's Representative Signature/Title	Date