

REQUEST FOR APPROVAL OF OUT-OF-STATE TRAVEL, STD. 257

STEP ACTION

- 1 ENTER NAME AND TITLE OF THE INDIVIDUAL WHO WILL TAKE THE TRIP. AN ALTERNATE MAY BE NAMED ON THE FORM IF THE ORIGINAL PERSON CANNOT GO, OR USE THE PHRASE "TO BE DESIGNATED".
- 2 ENTER DOCUMENT NUMBER, DATE, DIVISION, DEPARTMENT, AGENCY, PURPOSE, DATES OF ABSENCE, AND EXPENSES NOT TO EXCEED.
- 3 THE EXPENDITURE LIMITATION IN THE "EXPENSES NOT TO EXCEED" BOX MUST BE FILLED IN AND SHOULD BE ENOUGH ABOVE THE PLANNED EXPENDITURE TO PERMIT A REASONABLE AMOUNT OF COST OVERRUN.
- 4 IN COMPLETING THE "FUND" BOX, SHOW THE FUND FROM WHICH THE CLAIM IS TO BE PAID. IF THE EXPENSES WILL BE PAID FROM ANOTHER SOURCE, THE SOURCE AND PERCENTAGE OF PAYMENT SHOULD BE SHOWN. IF STATE FUNDS ARE NOT TO BE USED, ENTER "NOT APPLICABLE—NONSTATE FUNDS". REMEMBER TO INCLUDE THE ADDED JUSTIFICATION FOR THE USE OF NON-STATE FUNDS.
- 5 ENTER THE REQUESTING OFFICIAL AND THE TITLE.
- 6 THE REMAINDER OF THE FORM IS SELF-EXPLANATORY. IF THE FORM IS USED FOR BORDERING STATE ADVANCE APPROVAL FOR TRAVEL EXCEEDING FIVE CONSECUTIVE WORKING DAYS, SUBMIT THE FORM TO THE GOVERNOR'S OPERATIONS OFFICE. ENTER "BORDERING STATE" IN THE UPPER MARGIN.

Print

Clear

# OUT-OF-STATE TRAVEL APPROVAL REQUEST

STD. 257 (REV. 4/2012)

*Pursuant to the Provisions of Sections 1062, 11032, and 11033 of the Government Code and SAM Section 0730, et seq.*

**This form is necessary to obtain approval for trips not contained within an approved out-of-state travel blanket.**

NAME		DOCUMENT NUMBER
TITLE		DATE
DIVISION	DEPARTMENT	AGENCY

PURPOSE - (attach additional sheets if necessary)

ABSENCE DATES	EXPENSES NOT TO EXCEED*	FUND <i>Do not enter numerical code. Enter full name of the fund as shown in the Governor's budget.</i>
LOCATION		
REQUESTED BY		TITLE

*\* Does not need to be resubmitted if actual costs do not vary more than 10% from this estimate.*

## MISSION CRITICAL TRAVEL - Approved at Agency or commensurate level

**Please check all boxes that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Enforcement responsibilities   | <input type="checkbox"/> Equipment inspection as required by a contract                        |
| <input type="checkbox"/> Auditing   | <input type="checkbox"/> Meetings or training required by a grant or to maintain grant funding |
| <input type="checkbox"/> Revenue collection   | <input type="checkbox"/> Litigation related (depositions, discovery, testimony)                |
| <input type="checkbox"/> A function required by statute, contract or executive directive  | <input type="checkbox"/> Requests by the Federal Government to appear before committees        |
| <input type="checkbox"/> Job-required training necessary to maintain licensure or similar standards required for holding a position | <input type="checkbox"/> Other* (see requirements below)                                       |

**\* Requires approval by the Governor's Director of Operations  
Attach a brief description of why you believe this trip is a benefit to the State.**

## APPROVALS

*I HEREBY CERTIFY upon my own personal knowledge that this trip is mission critical or in the best interest of the State.*

<b>Departmental Approval</b>		<b>Agency Approval</b>	
DEPARTMENT DIRECTOR		AGENCY SECRETARY	
SIGNATURE	DATE	SIGNATURE	DATE

**If "Other" was checked, submit to the Governor's Office for authorization.**

## AUTHORIZATION

APPROVED, GOVERNOR OF CALIFORNIA	DATE