

# 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.*

Departmental Approval		Agency Approval	
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