

OUT-OF-STATE TRAVEL APPROVAL REQUEST

STD. 257 (Rev. 10/2019)

*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*
LOCATION		FUND <i>Do not enter numerical code. Enter full name of the fund as shown in the Governor's budget.</i>
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"/> Auditing
<input type="checkbox"/> Revenue collection
<input type="checkbox"/> A function required by statute, contract or executive directive
<input type="checkbox"/> Job-required training necessary to maintain licensure or similar standards required for holding a position | <input type="checkbox"/> Equipment inspection as required by a contract
<input type="checkbox"/> Meetings or training required by a grant or to maintain grant funding
<input type="checkbox"/> Litigation related (depositions, discovery, testimony)
<input type="checkbox"/> Requests by the Federal Government to appear before committees
<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
