STATE OF CALIFORNIA

OUT-OF-STATE TRAVEL REQUEST

STD. 257C (REV. 5-94)

Clear Print

FISCAL YEAR	DEPARTMENT NAME

CATEGORY AND MONTH	TRIP DESCRIPTION (BUDGET YEAR INFORMATION ONLY) *(Purpose, destination, number of working days, total attending, funding)*					COST			APPROVAL
	DESTINATION	CLASS TITLE	NUMBER OF DAYS	TOTAL ATTENDING	FUNDING	ACTUAL	ESTIMATED	PROPOSED	