

## **Out of State Travel Request**

### **INSTRUCTIONS FOR COMPLETING THE DOT-49**

Please discard this page before sending your request. Do not include it with your completed Out of State Travel Request.

#### **PAGE ONE**

REQUEST DATE: Enter the current date, or date you are completing/submitting the request.

TO: This will always be DOT Business Manager's Office (CB), as CB has final approval on all out-of-state travel requests.

THRU: Please make a selection. Your selection will be based on your agency/division/district's chain of command.

FROM: Please select the mail code for your agency/division/district.

TRAVELER: Name of the traveler as it is in OASIS.

TITLE: Title of the traveler.

AGENCY: Traveler's agency.

DIVISION/DISTRICT: Name of the traveler's division or district.

ORG NUMBER: Traveler's Unit Number.

CONTACT NAME: Name of the person who is completing the request, and a person who should be contacted in the case there are questions regarding the request.

CONTACT PHONE: Contact Name's phone numbers.

CONTACT EMAIL: Contact Name's email addresses.

PURPOSE: Name of the conference/meeting attending, or a brief description of the reason for traveling.

LOCATION: City and State where traveler is going.

TRAVEL DATE(S): First day of travel. TO Last day of travel.

JUSTIFICATION: Please use this space to BRIEFLY justify/describe the travel.

TOTAL COST: Total cost of travel.

TRAVELER:	Name of the traveler as in OASIS.
TRAVELER'S TITLE:	Title of the traveler.
DEPARTMENT:	Transportation.
DIVISION:	Name of the traveler's agency.
SECTION:	Traveler's Division or District (Highways). Other Agencies should choose N/A.
CONTACT:	Name of the person who is completing the request, and a person who should be contacted in case there are questions regarding the request.
TELEPHONE NUMBER:	Contact Name's phone numbers.
TRAVEL CATEGORY:	Please select one. If other is chosen, please use the space to describe the type of travel.
STATEMENT OF PURPOSE:	Name of the conference/meeting attending, or a brief description of the reason for traveling.
STATEMENT OF JUSTIFICATION:	Please use this space to BRIEFLY justify/describe the travel and information. State when information will be shared.
REQUEST DATE:	Date the request is being completed/submitted.
ACCOUNTING INFORMATION:	The fund, appropriation, program, phase, function and activity, including the N or P designation, that the travel will be charged to.
DATE:	First day of travel.
TIME:	Time the traveler leaves on first day of travel.
CITY/STATE:	City, State traveler is leaving from.
CITY/STATE:	City, State traveler is arriving in.
DATE:	Last day of travel.
CITY/STATE:	City, State traveler is leaving from.
CITY/STATE:	City, State traveler is returning to.
ESTIMATED COSTS:	Check the box beside and then type the amount for each of the expenditures listed below that apply to the travel. If your agency is paying for the expenditure before/during travel, please use the left-hand column. If the traveler is paying for the expenditure before/during travel and will be reimbursed by the agency, please use the right-hand column. Back-up information for each expenditure must be attached to the request when submitting for approval.
	NOTE: If another entity (e.g., AASHTO, FHWA, etc.) is paying for the expenditure before/during/after travel, the cost should be entered as zero and must be stated in the statement of justification.
APPROVAL:	Approval is only required from those listed in TO and THRU on the first page of the Out-of-State Travel Request Form. If there is a signature line that is not required as stated above, please use the space to type "Not Required."



## **Out of State Travel Request**

**Stephen T. Rumbaugh, P.E.**  
**Secretary of Transportation**  
**Commissioner of Highways**

REQUEST DATE: \_\_\_\_\_

TO:

THRU:

FROM:

### **TRAVELER INFORMATION**

TRAVELER: \_\_\_\_\_

TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

DIVISION/DISTRICT: \_\_\_\_\_

ORG NUMBER: \_\_\_\_\_

### **CONTACT INFORMATION**

CONTACT NAME: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

### **TRAVEL INFORMATION**

PURPOSE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TRAVEL DATE(S): \_\_\_\_\_ TO \_\_\_\_\_

JUSTIFICATION:

TOTAL COST: \_\_\_\_\_

REVIEWED BY  
AP TRAVEL: \_\_\_\_\_



**STATE OF WEST VIRGINIA  
DIVISION OF HIGHWAYS  
OUT OF STATE TRAVEL**

WVTMP 1.0

Request Date \_\_\_\_\_

Traveler	Employee ID
Traveler's Title	OASIS Vendor ID
Department	
Division	
Section	
Contact	
	Telephone Number

**Travel Category**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Site/Client visit     | <input type="checkbox"/> Conference attendance | <input type="checkbox"/> Special Mission  |
| <input type="checkbox"/> Informational Meeting | <input type="checkbox"/> Training attendance   | <input type="checkbox"/> Candidate travel |
| <input type="checkbox"/> Speech/Presentation   | <input type="checkbox"/> Recruiting            | <input type="checkbox"/> Relocation       |
| <input type="checkbox"/> Other _____           |  |   |

**Statement of Purpose**

**Statement of Justification**

Traveler acknowledges that upon return, they will share information with district/division in person, virtually, or at the request of Executive level staff.

**How will information be shared?**  
(staff meeting, formal presentation, typed notes)

**Anticipated time this will be completed?**  
(next staff meeting, date range, etc)

Is this training included in your current training budget?                      Yes                      No

Requested By:	Traveler's Signature	Date
Approved By:	Supervisor's Signature	Date
As Required:	Div. Dir./Dist. Manager	Date
As Required:	"C" or "H" Level Staff	Date

Fund	_____	Appropriation	_____
Program	_____	Phase	_____
Function	_____	Activity	_____

DATE	TIME	CITY/STATE

**Estimated Costs** (Complete all that Apply)

Transportation	Direct Billed/P-Card	Traveler
Commercial Air Carrier		
Charter Aircraft		
Rail Service		
Commercial Vehicle Rental		
Personal Vehicle		
Taxi/Ground Transportation		
Other Transportation		
<b>Parking</b> _____		
<b>Registration</b> _____		
<b>Lodging \$</b> _____ per night		
Facility Name _____		
<b>Meals</b> _____		
<b>Other</b> _____		
<b>Other</b> _____		
Subtotal Estimated Expenses		
<b>Total</b>		

As Required:	Commissioner/Secretary	Date
Approved By:	Business Manager	Date
Unapproved By:		Date