

# **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

**Jimmy Wriston, 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
Traveler's Title
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 _____           |  |   |

<b>Statement of Purpose</b>
<b>Statement of Justification</b>
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? <i>(staff meeting, formal presentation, typed notes)</i> _____
Anticipated time this will be completed? <i>(next staff meeting, date range, etc)</i> _____

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)

	Direct Billed/P-Card	Traveler
<b>Transportation</b>		
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 \_\_\_\_\_