



Mississippi Library Commission Request for Travel and Training

This form is used to request and approve: travel for meetings, conference, and/or training.
Submit at least 10 working days prior to "From" date in Section 2.

Section 1 - Employee Information

Name:	<input type="text"/>	Federal Program:	<input type="text"/>
Title:	<input type="text"/>	State Program:	<input type="text"/>
PID #	<input type="text"/>		

Section 2 - Meeting Conference, Training Information - Employees are responsible for their own registration.

Attach a copy of program schedule, registration information or other applicable information.

Destination:	<input type="text"/>		
Title of Meeting/Conference:	<input type="text"/>		
Purpose/Benefit of Attendance:	<input type="text"/>		
Registration Fee Paid by:	<input type="radio"/> Employee (reimbursed by agency) <input type="radio"/> Agency <input type="radio"/> T-Card <input type="radio"/> P-Card		
Dates From:	<input type="text"/>	To:	<input type="text"/>
		Total Registration Cost \$	<input type="text"/>

Section 3 Travel Information ***If traveling outside the continental U.S. - "DFA Form 13.2020, Travel Authorization" must also be completed.***

(Check One)	<input type="radio"/> In-State	Amount of Travel Advance Requested (Must be approved by Exec. Dir.) \$	<input type="text"/>
	<input type="radio"/> Out-of-State		
Justification of Prior Trip Expense (Lodging and transportation cost only.)	<input type="text"/>		Estimated Cost: \$ <input type="text"/>
Air Transportation	Preferred Departure City	<input type="text"/>	Preferred Arrival Time for Destination <input type="text"/>
	Preferred Destination City	<input type="text"/>	Preferred Departure Time for Return Trip <input type="text"/>
	Estimated Air Fare \$ <input type="text"/>		
Meals	<input type="text"/> Days @ \$ <input type="text"/> per day	Total \$ <input type="text"/>	Other (tips, parking, private vehicle cost, etc...) \$ <input type="text"/>
Lodging	<input type="text"/> Days @ \$ <input type="text"/> per day	Total \$ <input type="text"/>	Rental Car/ Taxi \$ <input type="text"/>
Total Registration & Travel Cost:			<input type="text"/>
Will cost be paid by entity other than MLC?	<input type="text"/>	If yes, will cost be reimbursed to agency or employee:	<input type="text"/>

Section 4 - Signatures and Approvals

Signature of Employee	_____	Date	_____
Signature of Immediate Supervisor	_____	Date	_____
Signature of Deputy Director	_____	Date	_____
Signature of Exec. Dir (if applicable)	_____	Date	_____
Trip # Assigned (Travel Coordinator use only)			