

Out-of-State Travel Request Individual



Georgia Department
of Human Services

EMPLOYEE INFORMATION

Employee Name: _____ Division / Office Name: _____

Email: _____ Phone: _____

TRIP INFORMATION

Requested Travel Dates: Trip Start: _____ Trip End: _____

Purpose of Travel: _____

EXPENSES

Registration Fees

Transportation

Airfare

Rental Car

Baggage Fees

Transportation Services (Lyft, Uber, Taxi)

Parking

Subway (MARTA, Metro)

Lodging

Meals

Other

Total Travel Cost

ETHICS STATEMENT

By checking the box provided, the employee hereby acknowledges he or she has read and understands the requirements of the Georgia Department of Human Services Human Resource Policy 1201 titled "Standards of Conduct and Ethics in Government" and the Governor's Executive Order, "Establishing a Code of Ethics for Executive Branch Officers and Employees."

SIGNATURE APPROVALS

Supervisor

Date

Division / Office Director

Date

Budget Approval

Date

Ethics Officer

Date

Commissioner

Date

Out-of-State Travel Request Group



Georgia Department of Human Services

EMPLOYEE INFORMATION

Contact Name: _____ Email: _____ Phone: _____

Division / Office Name: _____

Employees Traveling in Group:

TRIP INFORMATION

Requested Travel Dates: Trip Start: _____ Trip End: _____

Purpose of Travel:

EXPENSES		
Registration Fees		
Transportation Airfare		
Rental Car		
Baggage Fees		
Transportation Services (Lyft, Uber, Taxi)		
Parking		
Subway (Marta, Metro)		
Lodging		
Meals		
Other / Miscellaneous		
	Total Individual Travel Cost	Total Group Travel Cost

ETHICS STATEMENT

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SIGNATURE APPROVALS

Supervisor _____ Date _____

Division / Office Director _____ Date _____

Budget Approval _____ Date _____

Ethics Officer _____ Date _____

Commissioner _____ Date _____