

SOUTH DAKOTA TRAVEL REQUEST BOA FLEET & TRAVEL MANAGEMENT SFN 01239-0002	Bureau or Department	Program
	Division	Circle One: In-State Out-of-State
Billing Center Code (Last Two Digits Optional)	Method of Travel	Est. Miles (Personal Vehicle)
Traveler's Name (Last, First, MI)	Office Phone	Home Phone
Purpose of Travel		License Number

JOURNEY INFORMATION

Journey Number	Origin	Odometer Reading	Departure Date	Departure Time	Circle One: AM/PM
Segment	Destination				AM/PM
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
REQUIRED: Return to Origin		Final Odometer Reading	Return Date and Time	AM/PM	

Comments/ Vehicle Problems/Repairs

White – Fleet and Travel Management; Yellow – Agency

COST ESTIMATES FOR OUT OF STATE TRAVEL

Transportation \$	Meals \$	Lodging \$	Misc. Fees \$	Total \$
General Funds \$	Federal Funds \$	Other Funds \$	Non-State Funds \$	

SIGNATURES

Traveler Signature	Date	Driver License Number	Expiration Date
Approving Officer	Date	Approving Officer	Date

AGENCY TRAVEL COORDINATOR USE

Coordinator Name	Date of Entry	Mode
Comments		
Ride Share Contact	Office Phone	Home Phone

FLEET AND TRAVEL MANAGEMENT USE – FOR HIGH MILEAGE REQUEST ONLY

Approval Signatures	Date	Comments
Authorization Number		