

OUT-OF-STATE TRAVEL APPROVAL REQUEST

STD. 257 (REV. 4/2012)

*Pursuant to the Provisions of Sections 1062, 11032, and 11033
of the Government Code and SAM Section 0730, et seq.*

This form is necessary to obtain approval for trips not contained within an approved out-of-state travel blanket.

NAME		DOCUMENT NUMBER
TITLE		DATE
DIVISION	DEPARTMENT	AGENCY
PURPOSE - (attach additional sheets if necessary)		
ABSENCE DATES		
LOCATION		FUND <small>Do not enter numerical code. Enter full name of the fund as shown in the Governor's budget.</small>
REQUESTED BY	EXPENSES NOT TO EXCEED*	TITLE

* Does not need to be resubmitted if actual costs do not vary more than 10% from this estimate.

MISSION CRITICAL TRAVEL - Approved at Agency or commensurate level

Please check all boxes that apply:

<input type="checkbox"/> Enforcement responsibilities <input type="checkbox"/> Auditing <input type="checkbox"/> Revenue collection <input type="checkbox"/> A function required by statute, contract or executive directive <input type="checkbox"/> Job-required training necessary to maintain licensure or similar standards required for holding a position	<input type="checkbox"/> Equipment inspection as required by a contract <input type="checkbox"/> Meetings or training required by a grant or to maintain grant funding <input type="checkbox"/> Litigation related (depositions, discovery, testimony) <input type="checkbox"/> Requests by the Federal Government to appear before committees <input type="checkbox"/> Other* (see requirements below)
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* Requires approval by the Governor's Director of Operations
Attach a brief description of why you believe this trip is a benefit to the State

APPROVALS

I HEREBY CERTIFY upon my own personal knowledge that this trip is mission critical or in the best interest of the State.

Departmental Approval		Agency Approval	
DEPARTMENT DIRECTOR		AGENCY SECRETARY	
SIGNATURE	DATE	SIGNATURE	DATE

If "Other" was checked, submit to the Governor's Office for authorization.

AUTHORIZATION

APPROVED, GOVERNOR OF CALIFORNIA	DATE
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INSTRUCTIONS

Requests for Approval of Out-of state Travel (Std. 257) replaces the FA-0257. The form was issued by the Department of Finance and the Governor's Office is requiring all Out-of-State (OST), Out-of-County (OCC) and Bordering State travel requests be submitted for approval using this form.

Section 1:

- Name, Title, Division and Department of employee traveling.

NAME	
Jane Doe	
TITLE	
Supervising Transportation Planner	
DIVISION	DEPARTMENT
District 8 - Construction	Transportation

Section 2:

- Document Number – This number will need to be obtained from the Department's OST Coordinator.
- Date – The month, day and year for which you are completing the form.
- Agency – Business, Transportation & Housing (BT&H).

DOCUMENT NUMBER
DATE
July 16, 2012
AGENCY
BT&H

Section 3:

- Purpose of Trip - Be specific. If the trip is a conference or committee/panel meeting, include the name of the meeting and the panel number.

PURPOSE - (attach additional sheets if necessary)

Attend the National Cooperative Highway Research Program (NCHRP) Project Panel D0146 "Handbook for Pavement Design, Construction, and Management."

Section 4:

- Absence Dates - Include all travel and meeting dates.
- Expenses Not to Exceed - Sum of air fare, other transportation, lodging, per diem. Be sure the amount matches the approved amount in your blanket and the justification. Conference fees are not budgeted for out-of-state travel. When included on the TEC, the cost must be charged to Object Code 7077.

- Location - Show start destination and trip destination and return destination (Example: Sacramento to Washington D.C. and return to Long Beach, CA)

ABSENCE DATES August 20 - 23, 2012	EXPENSES NOT TO EXCEED* 2052.00
LOCATION Los Angeles to Washington D.C and return	

Section 5:

- Fund - If the trip is to be paid by Caltrans please type in the full name of the fund -State Highway Account. Other sources of funding include the Public Transportation and Aeronautics. For trips funded by others please enter the full name and note if the trip is reimbursement: Federal Trust Fund or trips paid for by others will need to be identified (e.g., AASHTO, TRB, NCHRP). When the cost of the trip is to be shared between the State and outside organization, include the percentage or actual dollar amount to be paid by each. A letter by sponsoring organization confirming funding for the trip must be attached to the form FA-0257.

FUND
*Do not enter numerical code.
Enter full name of the fund as shown in the Governor's budget.*

State Highway Account

Section 6:

- Requested By - Signature of District Director or Deputy Director.

REQUESTED BY John Doe	<<John Does' Signature>>	TITLE District Director
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Section 7:

- Mission Critical Travel – Please check all the boxes that apply to the trip.

MISSION CRITICAL TRAVEL - Approved at Agency or commensurate level

Please check all boxes that apply:

- | | |
|---|--|
| <input type="checkbox"/> Enforcement responsibilities | <input type="checkbox"/> Equipment inspection as required by a contract |
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Meetings or training required by a grant or to maintain grant funding |
| <input type="checkbox"/> Revenue collection | <input type="checkbox"/> Litigation related (depositions, discovery, testimony) |
| <input type="checkbox"/> A function required by statute, contract or executive directive | <input type="checkbox"/> Requests by the Federal Government to appear before committees |
| <input type="checkbox"/> Job-required training necessary to maintain licensure or similar standards required for holding a position | <input checked="" type="checkbox"/> Other* (see requirements below) |

* Requires approval by the Governor's Director of Operations
Attach a brief description of why you believe this trip is a benefit to the Sta

The following sections are not to be completed by traveler.

Section 8:

- Department Director and Signature - The designee from the Director's Office will review the request and provide approval.

Section 9:

- Agency Secretary and Signature - Signature required for all trips not approved in Travel Blanket or for Bordering State travel that exceeds 5 days.

Section 10:

- Authorization - Authorization is required from the Governor's Office on all travel not included in your District or Division's blanket including Bordering State travel that exceeds 5 days.

The approval process has changed. The employee completes sections 1 through 7 on the form, prepares a trip justification and includes any additional background information regarding the trip (such as invitations, emails, agendas, etc.). The package is submitted to the District/Division Out-of-State Travel Coordinator and will be reviewed for completeness and then sent forwarded to the Statewide Out-of-State Travel Coordinator for Departmental approval.

FA-0257, trip justification and any additional background information regarding the trip are to be submitted to the Statewide Out-of-State Travel Coordinator at least two weeks in advance of the trip and must be approved prior to the trip taking place. (Note: Out-of-Country trips must be submitted at least four weeks in advance as they require approval by the Agency and the Governor's Office if they are not included in your Blanket.)

The TEC Unit will audit the Travel Expense Claim in accordance with the Department of Personnel Administration (DPA) travel policy rules and regulations. The TEC Unit completes the Funding Breakdown and then forwards a completed copy of FA-0257 to the District/Division Statewide Out-of-State Travel Coordinator Travel Coordinator.