



Out-of-State Travel Request

Information and Instructions

Out-of-state travel is restricted and only allowed in exceptional situations. Subrecipients must receive Cal OES approval prior to incurring expenses for out-of-state travel (see Subrecipient Handbook Section 4.070). Subrecipients may request approval to travel out of state by submitting this form.

Complete all sections of the form, including a strong justification and required attachments. The Grant Subaward Director, or their designee identified on the Signature Authorization (Cal OES Form 2-103), must sign this form.

This form can be submitted as part of the Grant Subaward Application and/or with a Grant Subaward Modification (Cal OES Form 2-223), if not previously approved as part of the Grant Subaward Application.



Out-of-State Travel Request

Grant Subaward #: _____

Subrecipient: _____

Traveler(s): _____

Travel Dates: _____ to _____ Destination: _____

Purpose of Trip: _____

Conference/training not available in California - Attach brochures or registration information

Victim advocacy

Other - Attach any applicable documentation

Justification:

I hereby certify that the out of state travel is necessary for the accomplishment of the Grant Subaward.

Grant Subaward Director Name Grant Subaward Director Signature Date

Cal OES Approval

___ Approved ___ Denied _____

Program Specialist Signature Date

___ Approved ___ Denied _____

Unit Chief Signature Date



Out-of-State Travel Request Cost Worksheet

Grant Subaward #: _____

Subrecipient: _____

ESTIMATED COSTS FOR ALL TRAVELERS

Airfare: _____ x \$ _____ = \$ _____
Travelers airfare

Rental Car: _____ x \$ _____ X _____ = \$ _____
Car daily rate days

Mileage: \$ _____ /mile x _____ = \$ _____
Mileage rate miles

Parking: _____ = \$ _____

Ground Transportation (i.e., Taxi, Uber, Shuttle, etc.): _____ = \$ _____

Lodging: _____ x \$ _____ x _____ = \$ _____
Travelers daily rate days

Per Diem: _____ x \$ _____ x _____ = \$ _____
Travelers daily rate days

Other Costs:
Description: _____ Cost: _____ = \$ _____

TOTAL COST NOT TO EXCEED: = \$ _____