



Children's Administration Travel Authorization

To be completed and approved for all travel for Children's Administration ONLY.

Agency Number: 300

Complete form electronically.

CA Children's Administration

1. Traveler(s) Information					
LEGAL NAME: LAST, FIRST, MIDDLE AS ON ID	CASE NUMBER	DATE OF BIRTH	SEX	TRAVELER STATUS	
PRIMARY TRAVELER			<input type="checkbox"/> Male <input type="checkbox"/> Female		
PRIMARY TRAVELER'S PHONE NUMBER () -	PRIMARY TRAVELER'S CELL PHONE NUMBER () -				
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		
OUT OF STATE TRAVEL CODES (SELECT OUT OF STATE TRAVEL CODE BELOW) Choose an item.					
SOCIAL WORKER / REQUESTOR'S NAME		JOB TITLE	PHONE NUMBER () -		
DIVISION / OFFICE / SECTION		DIVISION / OFFICE / SECTION ADDRESS			
PURPOSE OF TRIP / OUT-OF-STATE CODE (STATE PURPOSE OF THIS TRIP, BE SPECIFIC)					
EXPECTED BENEFITS AND RELATIONSHIP TO JOB ASSIGNMENT					
REASON(S) AN EXCEPTION TO THE MAXIMUM LODGING AMOUNT IS REQUIRED					
COST SAVING ALTERNATIVES THAT WERE CONSIDERED					
CHECK ALL THAT APPLY TO INDICATE WHICH DOCUMENTS ARE ATTACHED TO THIS FORM. <input type="checkbox"/> Approved ICPC 100A <input type="checkbox"/> Court order <input type="checkbox"/> Completed background check <input type="checkbox"/> Parental permission <input type="checkbox"/> Additional comments:					
2. Travel Itinerary and Mode of Transportation					
DATE	FROM (CITY, STATE)	TO (CITY, STATE)	MODE	TIME OF TRAVEL	
				-	
				-	
				-	
				-	
				-	
3. Travel Expense Estimated			4. Costs		
ITEM OF EXPENSE	NUMBER OF DAYS	ESTIMATED TRAVEL COST	A. Estimated travel costs: B. Estimated reimbursement from another source: C. Total to be paid by the department: D. No cost to the department.		
Lodging / Subsistence					
Airfare					
Bus					
Training					
<input type="checkbox"/> Rental car					
<input type="checkbox"/> Unaccomp. Minor Fee					
TOTAL					
5. Signature Approvals					
CA WORKER / REQUESTOR	DATE	SUPERVISOR	DATE	AREA ADMINISTRATOR	DATE
REG DELEGATED AUTHORITY	DATE	FIELD OPERATIONS DIRECTOR	DATE	ASSISTANT SECRETARY	DATE
SECRETARY			DATE		