

Instructions for Completing the Ag Program Travel Request (AG-802)

1. Travel Request - For all in state, out-of-state, foreign travel and in-state blanket travel. Requests D-178, D-435, blanket and previous foreign travel request forms for Extension.
2. Dept/unit/district - Name of employer.
3. Date: Date travel request is filled out.
4. Request Number - Number will be entered in by bookkeeping system.
5. From: 1st date of travel
6. To: Last date of travel.
7. Destination: From: Place of employment
8. To: Travel to city and state
9. District: Number District for Extension
10. Counties visited (if applicable) In-state name of county for Extension employees. Out-of-state name of country is required for all employees. Can use the following websites to determine (NOTE: do not use for mileage)
11. Purpose of Travel: Purpose and benefit of official business.
12. Additional Trips Listed on Back of Form - If the travel is to be for more than one trip, any additional trips are listed on the back of the travel request form.
13. Mode of Transportation - Check appropriate means of transportation and if accompanying another party or if accompanied by another state employee.
14. Explanation required for two or more employees attending the same or similar duties: Explain why it is necessary for two or more employees to attend the same meeting at the same time or perform on state.

Example:

- a) The two employees will be attending meetings covering their separate areas of expertise.
- b) It was necessary that two employees attend training because the USAS training requires hands-on training experience.

c) One employee will be presenting a paper and the other employee will participate in a Board Committee meeting.

15. Account Name:
16. Account Number:
17. Estimated Expenses: \$ Total of the expenses for the trip.
18. Project No./Support Account -
19. Name - Print or Type
20. Social Security No.
21. Signature: Signature of traveler.
22. Title: Payroll title of the traveler
23. Recommended: Signature of supervisor
24. Approved: Signature of the Department Head or Resident Director
25. Approved: Signature of the Director or the Designee of the Ag. Program.

TRAVEL REQUEST 1

Dept/Unit/District: _____ Date: _____ Request Number: _____

From: _____ To: _____
Travel Dates (including travel time)

Destination: From: _____ To: _____ District: _____
City State (TAEX)

Counties Visited (if applicable)*: _____
* County required for out of state travel

Purpose of Travel: _____

ADDITIONAL TRIPS LISTED ON BACK OF FORM 12

MODE OF TRANSPORTATION: 13

_____ Private Auto _____ Accompanying Another Party*
_____ Official Auto _____ Accompanied by* _____
_____ University Plane _____ Commercial Transportation (Includes Rental Car)

*Explanation required for two or more employees attending the same or similar duties: _____

EXPENSE TO BE CHARGED TO:

Account Name: _____ Account No: _____

Estimated Expenses: \$ _____ Project No/Support Account: _____

Name: _____ Social Security No: _____
Print or Type

Signature: _____ Title: _____

RECOMMENDED: _____
Supervisor

APPROVED: _____
Department Head/Resident Director

APPROVED: _____
Director/Designee