



**STATE OF ILLINOIS  
EXECUTIVE OFFICE OF THE GOVERNOR  
BUREAU OF THE BUDGET  
SPRINGFIELD 62706**

**Rod R. Blagojevich**  
GOVERNOR

**OUT OF STATE TRAVEL REQUEST**

<b>Date of Submission:</b> <b>Agency Name:</b> <b>Person(s) traveling:</b> <b>Total cost/person:</b> <b>Destination:</b> <b>Date(s) of proposed travel:</b>	
<b>Agency Director signature:</b>	<b>Date:</b>

To be used in conjunction with restrictions placed on out of state travel. Please include the following information for all out of state travel requests.

1. **What is the purpose of the travel?**
  
2. **How is the travel critical to the agency's operations? What are the consequences if travel is denied?**
  
3. **Please provide detailed travel expenses by funding source.**
  
4. **Please provide any additional information necessary to justify the exception.**

**FOR INTERNAL USE ONLY:**

Circle One:      Approve                  Deny    Approve                  Deny

\_\_\_\_\_  
Bureau of the Budget    Date

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Office of the Governor    Date