

**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		EXPENSES NOT TO EXCEED*
LOCATION		FUND <i>Do not enter numerical code. Enter full name of the fund as shown in the Governor's budget.</i>
REQUESTED BY		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<br><input type="checkbox"/> Auditing<br><input type="checkbox"/> Revenue collection<br><input type="checkbox"/> A function required by statute, contract or executive directive<br><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<br><input type="checkbox"/> Meetings or training required by a grant or to maintain grant funding<br><input type="checkbox"/> Litigation related (depositions, discovery, testimony)<br><input type="checkbox"/> Requests by the Federal Government to appear before committees<br><input 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 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**

DEPARTMENT DIRECTOR

SIGNATURE



DATE

**Agency Approval**

AGENCY SECRETARY

SIGNATURE



DATE

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

APPROVED, GOVERNOR OF CALIFORNIA



DATE