

STATE OF WYOMING | Foreign Travel Request

Must be completed prior to the commencement of travel as required by Executive Order 2024-01, State Accounting Policies & Procedures and State Statutes, and attached to the WOLFS-104, Travel Expense Voucher. Must submit to the Governor's Office at least 30 days prior to travel, preferably 45 days before the travel date.

Please attach supporting documentation such as agenda, itinerary, list of attendees, etc.

Employee and Trip Information					
Agency/Division		Traveling Employee's Full Name		Traveling Employee's Title	
Point of Origin	Destination	Departure Date	Return Date		
Additional Travel Spots or Layovers					
Purpose of Travel					
Mode of Transportation					
<input type="checkbox"/> State Auto <input type="checkbox"/> Personal Auto <input type="checkbox"/> Rental Auto <input type="checkbox"/> State Airplane <input type="checkbox"/> Commercial Airplane <input type="checkbox"/> Other: _____					
Are you traveling alone or with others?			If traveling with others, please list:		
<input type="checkbox"/> Alone <input type="checkbox"/> With Others					
Budgetary Information					
BFY	Fund	Agy	Org	Appr	Proj
Reimbursement Method					
<input type="checkbox"/> Actual lodging plus M&IE <input type="checkbox"/> Actual lodging plus actual meals					
<input type="checkbox"/> M&IE Paid by State of Wyoming <input type="checkbox"/> M&IE Paid by Other (Organization Name: _____)					
Constructed or Interrupted Travel (check when applicable)					
<input type="checkbox"/> This trip includes Constructed Travel - personal days will be taken <i>before</i> and/or <i>after</i> necessary business travel dates. List constructed travel dates & times: _____					
<input type="checkbox"/> This trip includes Interrupted Travel - personal days will be taken <i>between</i> necessary beginning and ending travel dates. List interrupted travel dates & times: _____					
Travel Expenditures					
Estimated Travel Expenditures				Previous Out-of-State Travel (Optional Agency Use)	
Airfare					
Other transportation					
Lodging *					
M&IE					
Actual meals					
Registration fees					
Other (explain below)					
Total (\$)					
*Does lodging rate exceed "maximum lodging rate?" <input type="checkbox"/> Yes <input type="checkbox"/> No					
Additional Comments:					
Authorization (Agency Use Only)					
Supervisor/Manager		Director/Designee		Governor	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Date		Date		Date	
Supervisor/Manager Signature		Director/Designee Signature		Governor Signature	