| REQUE | ST FOR OUT-OF-S | TATE TRAVEL AUTHORITY | |
|--|-------------------|--------------------------------|---------------|
| Please complete (print | or type) and send | to Lainey Crawford, Education | n Assistant |
| Applicant's Full Name: | | | |
| Name of Seminar: | | | |
| Destination: | | | |
| Dates of Meeting/Training: | | | |
| Mode of Transportation: D State Ca | r 🛛 Private Ca | ar 🛛 Commercial Plane 🛛 | ☐ State Plane |
| Estimated Expenses | | FINANCE DEPARTMENT TO COMPLETE | |
| (please complete this section |) | Actual Expenses | Object Code |
| Air Fare | | | |
| Taxi | | | |
| Rental Car (pre-approval ONLY) | | | |
| Lodging | | | |
| Meals (Per Diem) | | | |
| Registration | | | |
| Parking | | | |
| Other | | | |
| TOTAL | | | |
| Less Scholarship | | | |
| GRAND TOTAL | | | |
| Applicant Signature | | Date | |
| Education Manager Signature | | Date | |
| Administrative Deputy Director Signature | | Date | |
| Fiscal Services Director Signature | | Date | |

Please return this form to the AOC for review: 511 Union Street, Suite 600 ATTN: Lainey Crawford Nashville, TN 37219 lainey.crawford@tncourts.gov