REQUEST FOR OUT-OF-STATE TRAVEL AUTHORITY

Please complete (print or type) and send to Lainey Crawford, Education Assistant

Applicant's Full Name:	
Name of Seminar:	
Destination:	
Dates of Meeting/Training:	
Mode of Transportation: ☐ State Car ☐ F	Private Car
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	Within 30 days of the conclusion of this program, I agree to send a copy of the program materials and a written summary of the topics learned. Additionally, I am willing to present learned information at a TJC CLE session to benefit the conference membership if selected to do so by the Education Committee.