GAD FORM X-3A
(REV. 11/87)

STATE OF MARYLAND

INDIVIDUAL REQUEST FOR OUT-OF-STATE TRAVEL

AUTHORIZATION NUMBER

AGENCY

APPROPRIATION NUMBER
(Agency PCA)

AGENCY PAYING FOR TRAVEL
(If Different From Above)

APPROPRIATION NUMBER
(Agency PCA)

NAME OF OFFICIAL OR EMPLOYEE | TITLE | SOCIAL SECURITY NUMBER

DESTINATION: _____ DATE: _____ DEPART _____ RETURN

PURPOSE OF TRAVEL: _____

METHOD OF TRAVEL: ☐ STATE CAR ☐ PRIVATE CAR ☐ BUS ☐ TRAIN ☐ AIRPLANE

ESTIMATED COSTS:

AIRFARE	
LODGING	
MEALS	
REGISTRATION FEES	
CAR RENTAL	
OTHER TRANSPORTATION	
OTHER	
TOTAL	

I HEREBY RECOMMEND APPROVAL FOR TRAVEL REQUESTED HEREIN, AND CERTIFY THAT APPROPRIATE FUNDS HAVE BEEN ALLOWED THEREFORE.

DEPARTMENT/AGENCY HEAD OR DESIGNEE | DATE

FOR OUT-OF-COUNTRY TRAVEL TO CONVENTIONS, CONFERENCES, SEMINARS, OR TRAINING, THE FOLLOWING MUST BE COMPLETED.

OUT-OF-COUNTRY TRAVEL

APPROVED: _____
SECRETARY OF BUDGET MANAGEMENT