

STATE OF MARYLAND

GAD FORM X-3A

INDIVIDUAL REQUEST FOR OUT- OF -STATE TRAVEL

AUTHORIZATION
NUMBER

AGENCY APPN NUMBER/FUND

AGENCY PAYING FOR TRAVEL APPN NUMBER/FUND
(IF DIFFERENT FROM ABOVE)

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 CONVENTION, CONFERENCES , SEMINARS OR TRAINING, THE FOLLOWING MUST BE COMPLETED.

OUT-OF COUNTRY TRAVEL

APPROVED: _____ DATE _____
SECRETARY OF DEPARTMENT OF BUDGET & MANAGEMENT

REVISED 7/98

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