



STATE TRAVEL AUTHORIZATION FORM

TRAVELER NAME		DEPARTURE DATE	
DUTY STATION (City, State)		RETURN DATE	
RESIDENCE (City, State)			
DESTINATION (City, State)			
COMMITTEE/GROUP			

TRAVEL PURPOSE (check one): NWCG Group Training Development Program Workshop Other

EXPLANATION OF TRAVEL (attach additional information as necessary):

EXPENSES	EST. COST	EXPENSES	EST. COST
Airfare		Rental Vehicle (requires chair approval)	
Lodging		Rental vehicle Justification:	
M&IE (Fed Rate)		TOTAL ESTIMATED COSTS	

➤ **Important:** GSA Per Diem rates can be found at the following location: <http://www.gsa.gov/portal/category/100120>

NWCG STATE TRAVELER CERTIFICATION

By signing below, I certify the requested travel is appropriate and necessary for conducting official NWCG business and agree to comply with NWCG Standards for State Travel.

SIGNATURE	DATE
------------------	-------------

NWCG SUBGROUP CHAIR (if applicable)

SIGNATURE	DATE
------------------	-------------

NWCG COMMITTEE CHAIR (if applicable)

SIGNATURE	DATE
------------------	-------------

NWCG BRANCH COORDINATOR / TRAINING PROGRAM MANAGER

SIGNATURE	DATE
------------------	-------------

~ Please submit travel reimbursement within 10-days after completion of travel ~