# NORTH CAROLINA GOVERNOR’S HIGHWAY SAFETY PROGRAM

**Out-of-State Travel Request – Form GHSP-07**

*Submit* ***at least 30 days*** *prior to departure.*

Project Number:       Agency:

Traveler(s):

Origin:       Destination:

Departure Date:       Return Date:

Purpose of Travel: (Include an explanation of how this travel will benefit the project or enhance the attainment of the stated goals in the contract.):

Maximum Costs (in whole dollars):\* Total

Transportation: Airline $

Ground\*\* $

Subsistence:\*\*\* Lodging $      per day $

Food $      per day $

Program Registration: $

Other:       $

TOTAL COST $

**\* Amounts listed in the Cost Section are the maximum amounts that can be reimbursed for each line item.**

\*\*Rental car expenses are not approved unless specifically noted and approved prior to travel.

\*\*\*Maximum allowable subsistence is limited to the rates established by the State Budget Manual or local governing authority.

***Attach agenda and an approved travel request as required by your agency.***

Project Director Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| FOR GHSP USE ONLY | |
|  | Travel approved subject to limitations imposed by G.S. 138-6. Applicant must assure sufficient funds remain in the out-of-state travel budget to accommodate requests. |
|  | Travel disapproved - Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Highway Safety Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PPE Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |

Print Project Director Name:

# NORTH CAROLINA GOVERNOR’S HIGHWAY SAFETY PROGRAM

**Out-of-State Travel Request – Form GHSP-07**

**Instructions for Form GHSP-07**

##### **Out-of-State Travel Request**

# General Instructions

1. Form GHSP-07 must be used by agencies to request the use of project funding for all out-of-state travel*.* ***If the form is not received by GHSP at least 30 days prior to departure, the request may be denied.***
2. All information must be included on the form. If additional space is needed, please attach additional information to the form.
3. All amounts must be in **whole** dollars.
4. A copy ofthe **meeting agenda** must be submitted with Form GHSP-07.
5. Scan/email the signed form to your GHSP Grant Specialist with the attached documentation.
6. GHSP will **only** reimburse Subsistence costs that occur within the travel time frame of events/activities that pertain to the Goals and Objectives of the agencies grant.
7. If you have questions about any aspect of the funding process, including the completion of Form GHSP-07, please call your GHSP Grant Specialist at 919-814-3650.

# Travel Information Instructions

1. *Project Number* – The current project number(s).
2. *Agency –* The name of the agency requesting travel funding.
3. *Traveler(s)* – The names of the people traveling.
4. *Destination* – The destination of the people traveling.
5. *Dates –* The date of departure and the date of return. If your departure and return dates do not align with the agenda, you must provide justification in the narrative documenting the need to travel early or stay later. If early departure or late return are for personal reasons you must state this in the narrative and indicate these additional expenses are covered by the person traveling.
6. *Purpose –* The reason why out-of-state travel is necessary. The reason why the travelers indicated should attend. Include an explanation of how this travel will benefit the project or enhance the attainment of the stated goals in the contract. Also attach a completed copy of the out-of-state travel request as required by your agency/organization.
7. *Project Costs* – Enter the specific costs for **Transportation**, **Subsistence** (Per Diem), **Registration** and **Other**. For **Transportation**, be aware that Ground Transportation covers public transportation and/or personal vehicle transportation, including parking fees at hotel or airport. In order to be reimbursed for rental car you must state your reason (including comparison to alternate transportation costs – local transportation, parking, etc.) for the rental car and it must be approved prior to travel. Approval for rental cars is extremely rare. It is recommended that you contact your highway safety specialist prior to including rental car expenses to avoid delays in travel approval. For **Subsistence**, remember that maximum allowable subsistence costs are limited to the rates as established by the State Budget Manual or agency policy. For **Other**, identify the nature and amounts of the specific cost(s).
8. *Total* – Enter the sum of the **Transportation**, **Subsistence** (Per Diem), **Registration** and **Other** costs**.**
9. *Signature and Date* – The form must be signed and dated by the Project Director. Print the name of the Project Director.