# 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:

Name of Conference/Event:

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 $

Baggage Fees $

Ground **\*\*** $

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

Food $      per day $

**Program Registration:** $

**Other** (*please enter type here*): $

***TOTAL COSTS*** $

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

**\*\*** Rental car expenses are not allowed 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 an agenda and an approved travel request as required by your agency.***

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

Print Project Director Name:

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| --- | --- |
| FOR GHSP USE ONLY | |
|  | Travel approved subject to limitations imposed by G.S. 138-6. Applicants must ensure sufficient funds remain in the out-of-state travel budget to accommodate requests. *Travel requests that exceed the budgeted amount for out-of-state travel listed in the agreement will be denied*. |
|  | Travel disapproved - Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Highway Safety Specialist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PPE Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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# 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 assigned Highway Safety Specialist with the attached documentation.
6. GHSP will **only** reimburse Subsistence costs that occur within the travel period 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 contact your Highway Safety Specialist.

# 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. *Origin* – The point of departure for people traveling.
5. *Destination* – The destination of the people traveling.
6. *Name of Conference/Event* – Please list the name of the conference or event attending.
7. *Departure Date/Return Date –* The dates of departure and 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.
8. *Purpose –* The reason out-of-state travel is necessary. The reason the travelers indicated should attend. Include an explanation of how this travel will benefit the project or enhance the attainment of the goals stated in the contract. Also attach a completed copy of the out-of-state travel request as required by your agency/organization.
9. *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 hotels or airports. To be reimbursed for rental car expenses, 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).
10. *Total* – Enter the sum of the **Transportation**, **Subsistence** (Per Diem), **Registration** and **Other** costs**.**
11. *Signature and Date* – The form must be signed and dated by the Project Director. Print the name of the Project Director.