

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
TRAVEL REQUEST AND AUTHORIZATION

DEPT TA NO.: _____

NOTICE: See Section 1714, Chapter 17, Part 4, Volume III of the Government of Guam Manual for instructions.

1. TO DEPARTMENT OF ADMINISTRATION	2. FROM (Name of requesting organization)	3. DATE OF REQUEST
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The following travel is REQUESTED AUTHORIZED

4. FULL NAME OF TRAVELER SSN:	5. TITLE OF TRAVELER	6. CHARGE ACCOUNT NUMBER
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7. PLACES OF TRAVEL (if traveler is returning, so state) FROM: GUAM TO: _____; Return to Guam	8. APPROX. LENGTH OF TRAVEL (in days) 9. APPROX. DATE TRAVEL COMMENCES
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10. DESCRIBE MODES OF TRAVEL DESIRED (Air, Ship, Train, Private Automobile, etc.)
By air - Economy (via _____)

11. IF DEPENDENTS ARE AUTHORIZED FOR TRAVEL, GIVE NAMES, AGES, AND RELATIONSHIPS OF EACH
N/A MAILING ADDRESS:
Vendor #:

12. FULLY DESCRIBE PURPOSE OF TRAVEL (Use reverse if more space is necessary)	13. ENTER NUMBER OF TR'S ISSUED N/A
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14. IF TRAVEL ADVANCE IS DESIRED, GIVE AMOUNT REQUESTED	15. HOUSEHOLD EFFECTS AUTHORIZED? N/A
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16. SIGNATURE (Name and title of requesting official) Department Director	18. SIGNATURE (Name and title of authorizing official) Director, BBMR
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17. ESTIMATED COST OF TRAVEL (For use of Administration Department)	
(A) TRANSPORTATION OF TRAVELER \$ _____	
(B) TRANSPORTATION OF DEPENDENTS _____	
(C) PER DIEM OF TRAVELER - \$ 000.00/day x ___days _____	
(D) PER DIEM OF DEPENDENTS _____	
(E) TRANSPORTATION OF HOUSEHOLD EFFECTS _____	
(F) MISCELLANEOUS ALLOWANCES - course/registration fee _____	
TOTAL COST (Estimated) \$ _____	

19. FOR CERTIFICATION OF AVAILABILITY OF FUNDS Certified Funds Available: _____ Certifying Officer DATE: _____
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SIGNATURE (Cost Estimator)

20. TO TRAVELER, You are hereby authorized to perform the above described travel in accordance with the provisions of Section 1714, Chapter 17, Part 4, Volume III of the Government of Guam Manual. Necessary tickets, Transportation Requests and other documents are hereto attached. A travel advance of \$ _____ is also attached.

SIGNATURE (Director of Administration)

21. I certify that I have received the material of Item 17.

SIGNATURE (Traveler) DATE

**BUREAU OF BUDGET AND MANAGEMENT RESEARCH
TRAVEL AUTHORIZATION CHECKLIST**

DEPARTMENT: DATE RECEIVED BY BBMR:

DIVISION: TRAVEL AUTHORIZATION NO.:

ACCOUNT NO. CHARGED: TRAVEL AUTHORIZATION AMOUNT: \$

	DEPARTMENT			BBMR		
	YES	NO	N/A	YES	NO	N/A
1. Is travel essential to the conduct of important government business?	✓					
2. Will travel result in securing additional revenues to the territory by achieving current or future cost-savings for government operations and/or programs and how it relates to the Agency's priority work program activities?	✓					
3. Is the travel required per existing contracts, law, or rule? If yes, attach documentation. If no, explain.		✓				
4. Is the travel federally funded in whole or in part?		✓				
a. If federally funded, was travel approved by grantor agency and reflected in approved application?			✓			
b. If local, is account charged appropriate for purpose of travel?	✓					
5. a. Is the number of days per diem computed correctly?	✓					
b. Is the number of days per diem justified and reasonable?	✓					
c. Are per diem rate and number of days reflected beside per diem line on Travel Authorization?	✓					
6. a. Is travel authorization request form completely filled?	✓					
b. Is appropriate account number accurately reflected?	✓					
7. Is airfare the lowest possible?	✓					
8. Is more than one (1) traveller attending the same conference, seminar, workshop, or meeting? If yes, attach Department's justification.	✓					
9. Is Travel Authorization request signed by appropriate Signatories?	✓					
10. a. Was travel authorization request certified as to funding availability?	✓					
b. Are funds available for travel authorization?	✓					
11. Are all computations accurate?	✓					
12. Is A011 printouts attached?		✓				
13. Is brochure of conference / training attached?	✓					
14. Is itinerary from three (3) travel agent attached?	✓					
15. If travel is for "meeting", is documentation from meeting official indicating times, dates, and purpose of meetings attached?			✓			
16. Is Travel Authorization being submitted 15 work days prior to travel commencement date? If no, is explanation attached?	✓					

DEPARTMENT

PREPARED BY: _____ APPROVED BY: _____

DATE [DEPARTMENT HEAD] DATE

BBMR ACTION

ANALYST RECOMMENDATION: APPROVED DISAPPROVED

BBMR ANALYST: _____

COMMENTS: _____ [SIGNATURE] _____ [DATE]

BUREAU OF BUDGET AND MANAGEMENT RESEARCH
TRAVEL AUTHORIZATION CHECKLIST

DEPARTMENT:

DATE RECEIVED BY BBMR:

DIVISION:

TRAVEL AUTHORIZATION NO.:

ACCOUNT NO. CHARGED:

TRAVEL AUTHORIZATION AMOUNT:

\$

CONTINUATION SHEET:

TRAVELER:

No. 2.

The training will provide the employee with cost-saving AND relevant information that will make the Standard Operating Procedures (SOP) for the Government of Guam's Executive Branch Accounting Division/Contracts Section become more efficient and effective. By obtaining the necessary contract management and administrative support skills, the employee may train other employees.

No. 3.

Travel is not required by existing law or rule. This training for this employee will provide important tools to enhance operational effectiveness.

No. 8.

Miss Arile is the Primary Accounting Technician for the Contracts Section of the Department of Administration - Division of Accounts. It is vital that the Alternate obtain the same practical knowledge in the event the Primary Accounting Technician for Contracts is unavailable.

No. 16.

Advanced registration highly recommended to reserve a training slot AND air fare cheapest if 21-day advanced reservation.