



State of Maryland  
Individual Request For Out of State Travel  
**T# Request Form**

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(Comptroller's Use Only)

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Department Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Chartfield Information: \_\_\_\_\_  
(Account) (Department) (Fund) (Program) (Project)

Destination: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

\_\_\_\_\_

Date of Travel: \_\_\_\_\_ Estimated Total Cost of Travel: \_\_\_\_\_

Requisition or Purchase Order Number (required): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize employee travel and certify funding availability:

\_\_\_\_\_

(Department Head or Authorized Signature Required)

\_\_\_\_\_

(Print Name & Title)

\_\_\_\_\_

(Date)

For Approval Please Forward This Form to Neal Mahapatra, Office of the Comptroller, in AC 330.