## Sample Flying Pre-Approval Request

## Welcome

The Governor's Office **Out-of-State Travel Request** website is designed to give automated approval for employees, contract workers, commission/board members and guests travelling in service to the state of Alabama.

Travelers are expected to follow all laws, guidelines and policies provided. Upon successfully completing a travel request, a Confirmation Code will be issued and sent to the email address entered.

Review this button BEFORE submitting travel:

Out Of State Travel Information

State Laws • Guidelines & Policy • Training

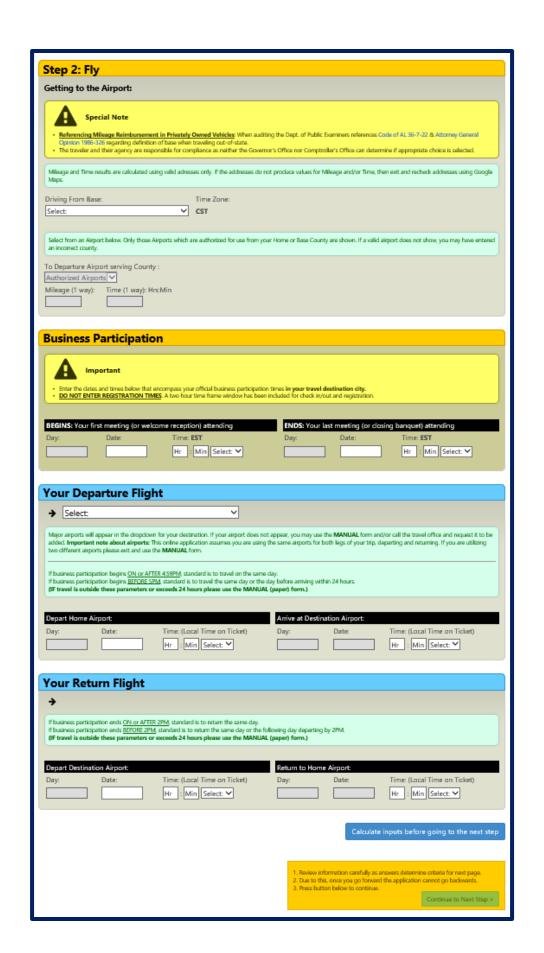
- AUTOMATED PROCESS: Request New Travel
- MANUAL PROCESS: Requires 1 Month Advance & Quotes
- MANUAL PROCESS: Not Programmed For Automated

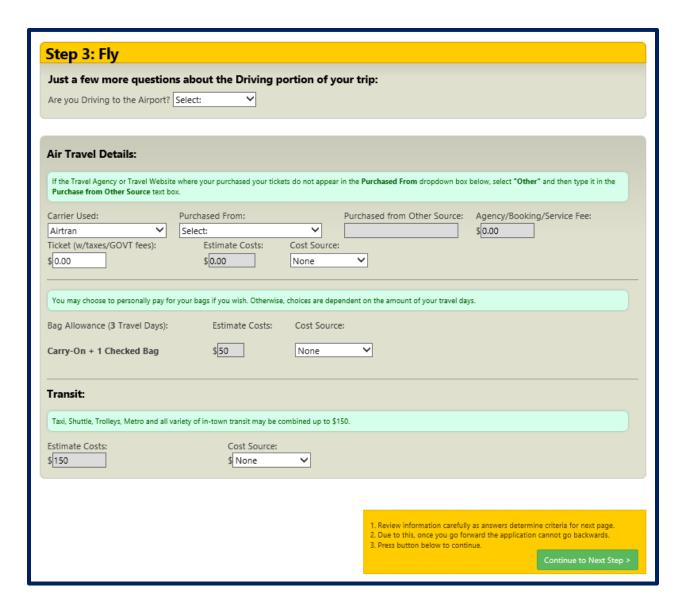
## **Announcements**

ANNUAL TRAVEL TRAINING SEMINAR - State Capitol Auditorium 3 Meetings (Choose 1)

> Thursday, December 8, 2016 – 10:00 -11:00 am Thursday, December 8, 2016 – 1:00 – 2:00 pm Monday, December 12, 2016 – 10:00 – 11:00 am

Step 1: Your	Information			
Importa	nt eMAP information			
You must enter your	full name and home address exactly as	it appears on https://eMAP.alabama	Lgov. It must match your vendor file fo	r payment.
	ddress can be found on your W2, which mail address is correct. You will be em			
Employee ID Number:	(For use at a later date TBD)			
First Middle Name:	Last Name:	Classification:	Traveler's Email Address:	Additional Email Address:
		Select:		
HOME Address (I	Do <u>NOT</u> enter P.O. Box or V	Vork address here):		
Home Base County:	Home Base Address:	Home Base City:	Home Base Zip Code:	
Select:		Select County First		
P.O. Box Address	(If applicable):			
	,			
P.O. Box: If you are using	a P.O. Box for your official eMap addre	ss, complete the fields below.		
Enter Numb		P.O. Box Zip	Code:	
P.O. Box	Select:			
Work Base Address may	be modified. If address is different fro	m central main office, you may chang	e it to your direct work base.	
Note: This form is not int	ended to be used for those who are trav	elling <b>into</b> Alabama from an outside	origin. The MANUAL (paper) form is ut	tilized if this is the case.
Agency:			Division:	
Select:		~	Select Division, if applicable	
WORK Address /F	o NOT aptor D.O. Poy or U	lomo addrasa bara):		
Work Base County:	<b>)o <u>NOT</u> enter P.O. Box or H</b> Work Base Address:	Work Base City:	Work Base Zip Code:	
Select:		Select County First 🗸		
<b>Travel Destir</b>	nation			
Use MANUAL Form if you	Dity (including suburbs) from the dropdi ur destination city is a RURAL AREA. <u>DC</u>	own below. This will be used for airpo NOT choose nearest big city. If mult	rt (if flying) and meals calculations. iple people are going to a RURAL dest	ination, you may contact the
Governor's Office to add	city.			
	State: Major City:  DC V Washington V			
I will be Flying 🗸	DC V Washington V			
Lodging Location Street	Address is used for mileage calculation	s City & State for Evnense Report Pla	ase ensure the address you enter is al	brolutely correct.
To double check if you h	neve valid addresses click here to go to	Google Maps before continuing w	th this Travel Form.	
Street Address (of Lo	dging/Event Location): City:	State	: Zip:	
		Sele	et: 🗸	
Purpose:	Event Name:			
Select:				
		2. D	eview information carefully as answers ue to this, once you go forward the app	
		3. P	ess button below to continue.	Continue to Next Step >





Step 4							
Lodging:							
conference/regi		hare Room with Er	es. All other selections imployee is to be selecte				included in the loyee chooses <b>Hotel</b> and places
Lodging Type:			Hotel:		_		
Hotel		l					
Is this also the	: Conference/Spon	sored Hotel?					
# Nights: Ra	te + Resort Fee (p	er night):	Hotel Parking (per	night):	Estimate Costs:	Cost Source:	
4 \$			\$		\$Auto	Select:	~
DO NOT INCLU	IDE TAX. 20% HAS B	EEN AUTOMATIC	ALLY ADDED TO HOTE	L RATE & PARKI	NG.		
Conference	& Registratio	n Fees:					
Amount field: Y	ou will not be allowed	to submit this step	until you enter either a	dollar amount	or the number 0 (zero).		
Amount:		Cost Source:					
\$		Select:	~				
Meals:	Man F/2	Tue 5/2	Wad E/A	Thu. E/E	E-i E/C	C=+ C/7	Estimata Caster
Sun, 5/1	Mon, 5/2	Tue, 5/3	Wed, 5/4	Thu, 5/5	Fri, 5/6	Sat, 5/7	Estimate Costs:
\$64.00	\$64.00	\$64.00	\$64.00	\$64.00	\$0	\$0	\$320.00
Cost Source:							
Select	~						
	Review information carefully as answers determine criteria for next page     Due to this, once you go forward the application cannot go backwards.						
					3. Press button below t	o continue.	Continue to Next Step >

Step 5					
Grand Totals:					
Estimate Costs: \$2672.95	State: \$1232.95	Federal: \$1440.00	Other 3rd Party: \$0.00	Personal Pay: \$0.00	
Agency/Board:					
State Funds: 46. Federal Funds: 53. Other: 0 Personal Pay: 0	=				
				State of Alabama for the benefit of its citizens.  onsible for expenditures and time.	
Type your name and press the ENTER key to indicate agreement of the above statement:					
Approving Supe I received approval t	ervisor: to travel from this super	isor: Di	ate approved:		
					Submit

Step 6		
Upload Your Travel Documents		
opiosa rou Havel Documents		
Vou can also print or unlead upur traval	ocuments by going to the Out of State Travel website at: https://oos.alabama.	any and coloct "Manage Texas"

## Manage Your Travel Please Enter Your Confirmation Code First Inter your Pre-Approval Confirmation Code below. Your code was emaled to you when you completed the OOS Travel Pre-Approval online form process. The code is also located on your printed copy of the pre-approval form. Check My Travel Status Upload or View Your Travel Packet View or Print Your Pre-Approval Form View or Print Your Detail Information Submit Your Travel Expense Form View or Print Your Travel Expense Form

