



# Wyoming Guardian *ad Litem* Program

A DIVISION OF THE OFFICE OF THE STATE PUBLIC DEFENDER

PH. (307) 777-7480 FAX (307) 777-5331 WEBSITE: GAL.WYO.GOV

316 W 22<sup>ND</sup> ST. ROGERS BUILDING CHEYENNE, WY 82002

## Travel Authorization Form

In accordance with GAL Program Policy J: Travel Approval & Reimbursement, this form must be submitted to the GAL Division Accountant 10 days prior to commencing reimbursable travel.

Requester: Please complete each section thoroughly and submit through e-mail, fax, mail, or via hand-delivery to Denise Herman. You will be notified of the results of your request within 1 week of submission. Please note, an estimate of your expenses and your approved cost will be determined by the GAL Division Accountant and cannot be exceeded without prior approval. All travel is reimbursed at state accepted rates found [here](#).

### SECTION ONE: REQUESTER INFORMATION

Name:		Submission Date:	
Client Docket:		Chargeable County:	

### SECTION TWO: TRIP INFORMATION

Destination:				
Travel Dates:				
Expenses: <i>(choose all that apply)</i> <small>Approved cost will be calculated at current state travel rates—requester may not exceed approved rates or cost.</small>	<input type="checkbox"/> Mileage	<input type="checkbox"/> MIE	<input type="checkbox"/> Lodging	<input type="checkbox"/> Rental Car
	<input type="checkbox"/> Parking	<input type="checkbox"/> Airfare	<input type="checkbox"/> Taxi	<input type="checkbox"/>
Interrupted or Constructed Travel	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please attach description.			

PLEASE INCLUDE A DETAILED DESCRIPTION OF THE TRAVEL AND JUSTIFY WHY IT IS NECESSARY. BE SPECIFIC

### SECTION THREE: REVIEW & APPROVAL

Fiscal Review of Travel:		Date:	
Program Approval of Travel:		Date:	

<input type="checkbox"/> Travel Request Denied	Reason:	
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