Service Provider Out of State Travel Request

| Travel details: | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service Provider: | | | |  | | | | | | | Contact: | | | |  | | |
| Phone: |  | | | | | | Contact email: | | |  | | | | | | | |
| Event name: | |  | | | | | | | | | | | | | | | |
| Event location: | | |  | | | | | | Event date(s): | | |  | | | | |
| Award ID(s): | | | | |  | | | Est. Total Travel Cost: | | | | | |  | | | |
|  | | | | | |  | | EAP portion of Cost: | | | | |  | | | | |

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| --- |
| Attendee names and titles: |

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| Event description: |

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| Explain purpose of attendance, how EAP benefits, and how this information and knowledge will be shared with others: | | |
|  |  |  | |
| Service Provider Executive Director Signature |  | Date | |
|  |  | **Submit to**: [eap.mail@state.mn.us](mailto:eap.mail@state.mn.us) | |
| Typed Service Provider Executive Director Name |  |  | |
| Department of Commerce EAP Director Approval  By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |