Designated employees of the NC Department of Labor are eligible to submit an annual Blanket Travel Authorization Request for each State Fiscal Year (July 1 – June 30). This applies to all employees for whom routine in-state travel is essential and required for the day-to-day job duties as confirmed by the employee’s job description (restrictions apply as noted below). A Blanket Travel Authorization form must be completed annually and must be submitted for approval no more than thirty (30) days prior July 1 of each new State Fiscal Year. Each Blanket Travel Authorization Request must be approved by the Supervisor/Manager, and then forwarded to the Financial Services Division for final approval. A copy of this completed form will be returned to the respective Bureau/Office upon final CFO approval.

Bureau/Office: Funding Code:

Employee Name: Phone Number:

Position Title: Beacon ID#:

Mode of Transportation: [ ]  State Car [ ]  Personal Car [ ]  Rental Car

**JUSTIFICATION:**

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**RESTRICTIONS**: An approved copy of this form must be attached to the monthly travel reimbursement request submission. A blanket travel form must only be used for in-state overnight travel, meals, private car mileage, parking, and toll fees. In-state overnight travel can include lodging in excess of the state rate but not to exceed $125 per occurrence - **all efforts must be made to stay within the daily lodging State per diem rates!** Out-of-state travel or excess subsistence costs, including but not limited to registration fees, annual membership dues, travel advances, or any other miscellaneous non-travel charges, must be justified and pre-approved separately on the Travel Authorization (DOLB-8) form. Any other travel falling outside of the day-to-day job duties and/or specified coverage area must also be pre-approved on the Travel Authorization (DOLB-8) form. Any change to the Mode of Transportation will require submission of a new form. Failure to follow the travel polices, rules and procedures as outlined above may result in the cancellation of the eligible employee’s Blanket Travel Authorization Request at the discretion of NCDOL Management.

# X

(Employee Printed Name) (Employee Signature & Date)

# X

(Supervisor Printed Name) (Supervisor Signature & Date)

# X

 (Manager Printed Name) (Manager Signature & Date)

# X

 (Chief Financial Officer Printed Name) (Chief Financial Officer Signature & Date)