STATE OF NEBRASKA REQUEST FOR TRAVEL BY PERSONALLY RENTED OR PRIVATELY OWNED AIRPLANE

Agend	cy/Division		
Emplo	oyee Name		
Trip P	Plan		
Reaso	on for Travel		
Metho	od of Travel: Personally Rented	Privately	Owned
Estima	nated Cost		
1.	Please indicate if the following means of t been considered? a. Surface transportation b. Commercial airline c. Aeronautics charter Will travel by personally rented/privately o more economical than surface transportat substantial savings of expense or product	owned airplane be tion or result in a	No
2.	Are there other considerations which requestions by personally rented/privately owned airple of yes, please specify.		

Pursuant to section 81-1174 and CONC-005 of the Nebraska Accounting System Manual, I hereby approve travel by personally rented/privately owned airplane as indicated above and certify that such travel is more economical than surface transportation or will result in a substantial savings of expense or productive time.

AGENCY DIRECTOR