



North Carolina Department of Health and Human Services  
Office of the Controller

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS  
Laketha M. Miller  
Controller

**BLANKET TRAVEL AUTHORIZATION FORM**

**State Fiscal Year July 1, 2012 - June 30, 2013**

The Department of Health and Human Services authorizes blanket approval for designated employees for whom **in-state travel** is essential and required in their day to day job duties. Each blanket travel approval will need a cover memo to Laketha Miller approved by the Division Director and Budget Officer. Restrictions apply as noted below.

Employee Name: \_\_\_\_\_ BEACON#: \_\_\_\_\_

Agency/Division: \_\_\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Restrictions: An approved copy of this form must be attached to each travel reimbursement request submitted for the period stated above.** A blanket travel form can only be used for in-state overnight travel. Excess travel expenditures; including but not limited to registration fees, advances and/or other miscellaneous charges, must be approved on the Budget/Travel Authorization Form separately.

All reimbursement requests must be in compliance with OSBM State Budget Manual Section 5.9.			
Employee:	Date:	Budget Officer:	Date:
Supervisor:	Date:	Division Director:	Date:

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