



**OFFICE OF STATE-FEDERAL RELATIONS**  
**REPORT OF STATE AGENCY TRAVEL TO WASHINGTON D.C.**  
*Please type or print clearly. Fax to: 512-463-1984*

(For OSFR Use Only)  
Date Received: \_\_\_/\_\_\_/\_\_\_  
Fiscal Year: \_\_\_\_\_

3-Digit Agency Code: \_\_\_\_\_ Agency Name: \_\_\_\_\_

**NAMES AND TITLES OF TRAVELLERS:**

1. _____	PERSON REPORTING TRAVEL AGENDA:
2. _____	Name: _____
3. _____	Title: _____
4. _____	Department: _____
Date Arriving D.C.: ___/___/___	Phone: _____
Date Departing D.C.: ___/___/___	Fax: _____
	Address: _____
	_____

**PRIMARY Committees/Offices/Agencies/Organizations TO BE VISITED:**

1. On Date(s): _____	PURPOSE OF TRIP
Name: _____	(CHECK AS MANY AS APPLY. PLEASE USE ONLY THE CATEGORIES LISTED):
Org./Dept.: _____	_____ 1) Congressional Testimony *
2. On Date(s): _____	_____ 2) Congressional Visit *
Name: _____	_____ 3) Agency Visit (General) *
Org./Dept.: _____	_____ 4) Agency Visit (Grant Follow-up)
3. On Date(s): _____	_____ 5) OSFR Visit
Name: _____	_____ 6) Public Interest Group or Professional Association
Org./Dept.: _____	Meeting, Conference, Convention, or Visit
	_____ 7) Other (Please Specify): _____

\* If the purpose of the trip is a Congressional or General Agency Visit, please provide OSFR with an advance Courtesy Copy of the travel itinerary. If the purpose is to provide testimony to a Congressional Committee or Agency Rule-Making Authority, please provide OSFR with an advance Courtesy Copy of the testimony.