



# TRAVEL AUTHORIZATION

Please attach supporting materials and purchase requisitions to this form. Refer to *Travel Instructions and Guidelines* for details. Click [here](#) for GSA per diem rates.

TRAVELER'S INFORMATION			
<b>NAME &amp; EMPLOYEE ID #</b>		<b>TITLE</b>	
<b>DEPARTMENT/AREA</b>		<b>PHONE #</b>	
<b>PURPOSE OF TRAVEL</b>			
<b>TRAVEL PERIOD</b>	<b>FROM:</b>	<b>TO:</b>	
<b>SPECIFIC DESTINATION</b> (name of destination, city, state, zip)			
<b>OUT OF STATE TRAVEL</b>	President's Approval Required: Signed: _____ Date: _____		
<b>OUT OF U.S. TRAVEL</b>	Board Approval Required: Signed: _____ Date: _____		
ESTIMATED COSTS	Advance Needed?	VENDOR / DESCRIPTION	ESTIMATED COST
<input type="checkbox"/> <b>PERSONAL VEHICLE</b> (Attach Google Map or Yahoo map w/RT mileage)  January 1, 2020 rate = .575 per mile		Mileage is paid for personal vehicle use only. Gas for personal vehicles is not reimbursed separately; it is included in the mileage reimbursement.  Round trip mileage _____ x _____ ¢ per mile =	\$
<input type="checkbox"/> <b>COLLEGE VEHICLE</b> (Attach Google Map or Yahoo map w/RT mileage)		Mileage is not paid when using a college vehicle.	
<input type="checkbox"/> <b>OTHER TRANSPORTATION</b> (list modes of transport, i.e., rental car, plane, etc.) (Attach confirmations)		<b>Rental Car:</b> <b>Air:</b> <b>Other:</b>	\$
<b>REGISTRATION FEE</b> (Attach flyer or webpage)			\$
<b>LODGING</b> (Provide hotel name, nightly rate, & number of nights)			\$
<b>MEALS</b> (Original itemized receipts required)			\$
<b>OTHER EXPENSES &amp; TIPS</b> (Parking, Taxi, Bus, Shuttle, Tolls, Uber, Lyft, Gas for rental car, etc.)			\$
			<b>TOTAL:</b> \$
<b>Complete the <i>Travel Expense Claim</i> form upon return. GL# and GL# Budget Manager Signature REQUIRED</b>		Reimbursement will be made up to the amount shown above. Amounts in excess must be approved by Dean/Director/Supervisor on the <i>Travel Expense Claim</i> form.	
<b>GL #</b>			

After completion of the above information, please print form, sign, and route for approvals.

**AUTHORIZED SIGNATURES:**

Traveler _____	Date _____
Dean/Director/Supervisor _____	Date _____
GL # Budget Manager _____	Date _____
Vice President _____	Date _____