

VSU Request for Authority to Travel

Authorization # (To be completed by Travel Office): _____

**** THIS REQUEST FOR AUTHORITY TO TRAVEL MUST BE COMPLETED AND ALL APPROVALS OBTAINED BEFORE YOU ACTUALLY TRAVEL. ****

Select: ☐ Employee ☐ Student/Non Employee ☐ Team Travel ☐ Group Travel Submission Date: _____

Applicant: _____ VSU ID or Last 4 Digits of SSN#: _____

Employing Dept/Unit: _____ Dept Contact: _____ Ext: _____

TRAVEL DATA

Purpose: _____

Destination: _____

Dates of Travel: (From) _____ (To) _____ Number where you can be reached while traveling: _____

Individual responsible for day-to-day operations in your absence: _____

ESTIMATED COSTS (Do not include prepaid expenses in estimated costs. If any item is prepaid, submit on Prepaid Form)

1. Transportation Cost: Air: _____ Personal Car: _____ Other: _____ Total \$ _____

2. Automobile Rental: \$ _____

3. Registration Fees: \$ _____

4 Hotel and Meals: Hotels: _____ Meals: _____ Total \$ _____

5 Other: (Taxi, Parking, Phone) \$ _____

TOTAL ESTIMATED COST \$ _____
To Be Paid As Outlined Below

REIMBURSABLE COSTS

The following account numbers are to be used for reimbursement, if expenses are shared by different budget units, list each number and the amount each will pay:

(Account-Fund-Department-Program-Class-Grant)

- | | | |
|----------|----------|--|
| 1. _____ | \$ _____ | Limit Reimbursement Charged To This Account |
| | | Pay Actual Expenses If Trip Cost Exceeds This Estimate |
| 2. _____ | \$ _____ | Limit Reimbursement Charged To This Account |
| | | Pay Actual Expenses If Trip Cost Exceeds This Estimate |
| 3. _____ | \$ _____ | Limit Reimbursement Charged To This Account |
| | | Pay Actual Expenses If Trip Cost Exceeds This Estimate |

TOTAL REIMBURSABLE COST \$ _____
Should Equal Total Estimated Cost Unless Reimbursement Is Limited

AUTHORIZATIONS

Applicant's Signature: _____ Date: _____

Department Head : _____ Date: _____

Dean/ Director: _____ Date: _____

Vice Pres. /Cabinet Officer: _____ Date: _____

Travel Supervisor/ Business Office: _____ Date: _____

PLEASE NOTIFY THE FINANCIAL SERVICES/TRAVEL OFFICE PROMPTLY IF THIS TRIP IS NOT TAKEN BY RETURNING YOUR APPROVED COPY MARKED CANCELLED OR EMAILING travel@valdosta.edu .