



# Request for Authorization to Travel

AS292  
r 06/06

This form must be approved for ALL individual travel which will be reimbursed by the University

|  |                        |                                   |          |
|--|------------------------|-----------------------------------|----------|
|  | <b>Traveler's Name</b> | <b>Check ( ✓ ) one:</b>           |          |
|  | <b>Soc Sec Number</b>  | <input type="checkbox"/> Employee | Enc IT # |
|  | <b>Title</b>           | <input type="checkbox"/> Student  |          |
|  | <b>Department</b>      | <b>Destination (city/state)</b>   |          |
|  | <b>Campus Phone</b>    | <b>Departure Date</b>             |          |
|  | <b>Budget Code</b>     | <b>Return Date</b>                |          |

**Purpose of travel**

| Estimated Expenses        | Initial | Special Approval Requested for ( ← initial appropriate items)  |
|---------------------------|---------|--|
| \$ Mileage _____ .40/mile |         | 1) Actual expense reimbursement for meal that is designated integral part of the conference.   |
| Vehicle Rental            |         | 2) Vehicle rental reimbursement. Justify below.  |
| Lodging for _____ days    |         | 3) Lodging reimbursement up to 25% in excess of maximum otherwise allowed. (Justify below.)  |
| Meals for _____ days      |         | 4) Lodging reimbursement up to 75% in excess of maximum otherwise allowed for the Baton Rouge, New Orleans and New Orleans surrounding parishes, Lake Charles and Lake Charles surrounding parishes. (Justify below)   |
| Air fare                  |         | 5) Meal reimbursement up to 25% in excess of maximum otherwise allowed. (Justify below.)   |
| Registration              |         | 6) Travel expenses for graduate/medical students being recruited.  |
| Other Allowable expenses  |         | 7) Foreign travel--all travel outside the 50 United States, District of Columbia, Puerto Rico, and the Virgin Islands. Use of U.S. Department of State reimbursement rates requested?<br><span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |
| \$ TOTAL Estimated Cost   |         | 8) Extension of temporary assignment beyond 30 days.   |

|   |   |
|---|---|
| Vehicle rental justificaion               | (Note: The cost of Collision Damage Waiver (CDW) and Personal Accident Insurance (PAI) are <u>not reimbursable</u> expenses. In the event of an accident, the traveler should pay the deductible and claim reimbursement on the expense voucher.) |
| Lodging and/or meal excess justification: |   |

**Traveler's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

| RECOMMEND/APPROVE                  | Signature | Date |
|------------------------------------|-----------|------|
| <b>Department Head (for 1 - 6)</b> |           |      |
| <b>Dean/Director</b>               |           |      |
| <b>*Vice Chancellor</b>            |           |      |
| <b>Provost (for 7)</b>             |           |      |
| <b>Assoc Vice Chanc (for 8)</b>    |           |      |

**Note: Traveler cannot approve this authorization. This approved document must be attached to the travel expense reimbursement voucher when submitted.**

**\* Optional, at the discretion of the administrator, unless approving travel as immediate supervisor, when signature would be required.**