

REQUEST FOR AUTHORIZATION TO TRAVEL FOR NON WORKER

AS516

This form must be completed and approved prior to making any travel reservations for all Non Workers.

Traveler		Title		Employer	
LSUID		Department			
Contact		Phone		E-mail	
Departure Date		Return Date			
Type	<input type="checkbox"/> Guest <input type="checkbox"/> Interviewee <input type="checkbox"/> Contract Vendor <input type="checkbox"/> Participant <input type="checkbox"/> LSU Undergraduate Student <input type="checkbox"/> LSU Graduate Student				
Driving Worktags:	Program	Project	Gift	Grant	
Purpose of Travel					
Destination (City, State and/or Country is required) From: To:			Does travel include personal travel? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please disclose the personal dates and/or personal travel destination(s). Travel costs may be limited to the lesser of a lowest logical airfare or prorated amount. (See PM-13)		

Section A - Foreign Travel (Applies to all travel outside the 50 United States, District of Columbia, Puerto Rico, US Virgin Islands, American Samoa, & Guam)

• Are US Dept of State rates being requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is there a US Dept of State Travel Warning or Alert for this destination? - If yes, complete additional required forms per FASOP: AS-18 "High Risk Travel to Restricted Regions".	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Is this Faculty-led travel which includes students? - If yes, please answer the following: ▪ Is this part of an LSU course? If yes, Course # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B - Estimated Expenses (Refer to PM-13 for rates)

Expense	Qty	Amount
Study/Workshop Stipend	-	
Airfare		
Registration Fees	-	
Mileage	Miles	
Meals (Per Diem)	Days	
Lodging	Days	

Expense	Qty	Amount
Vehicle Rental	Days	
Misc & Indidental	-	
Other	-	
Total Travel Estimate		

Section C - Other Special Approvals Requested

Travel > 30 Days Extension of Temporary Assignment greater than 30 days (attach itinerary/travel plans).

APPROVALS	Signature	Printed Name	Date
Requested by Supervisor/Dept Head/Chair or Dean/Director			
Vice President			
Provost ¹			
Assoc VP, Acct Services ²			

Notes: For **International Travel**, the approved AS516 **must** be submitted to Risk Management via on line entry at www.lsu.edu/riskmgt/travel/international-travel-insurance.php for emergency notification and insurance purposes, prior to travel departure.

¹ Required for "High Risk Travel" to a Restricted Region

² Required for "Travel > 30 days"; applies to meals/and or lodging reimbursements