

REQUEST FOR AUTHORIZATION TO TRAVEL

AS292

This form must be completed and approved prior to making any travel reservations.

Traveler		Title		Type	☐ Employee ☐ Student
LSUID		Department			
Contact		Phone		E-mail	
Departure Date		Return Date		Account	
Purpose of Travel					
Destination (City, State and/or Country is required)		Does travel include personal travel? ☐ Yes ☐ No			
From:		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)			
To:					

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

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

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

Expense	Qty	Amount
Airfare	-	
Registration Fees	-	
Mileage	Miles	
Meals (Per Diem)	Days	
Misc & Incidental	-	

Expense	Qty	Amount
Meals (Conference)	Meals	
Lodging (Routine)	Days	
Lodging (Conference)	Days	
Vehicle Rental	Days	
Total Travel Estimate		

Section C - Additional Reimbursement Details & Required Special Approvals/Justifications

Expense	Description	Please Check Yes / No	
Meals (Conference)	Meals designated as integral part of conference (attach a copy of the conference brochure).	☐ Yes	☐ No
Lodging (Routine) *	Up to 50% in excess of maximum otherwise allowed.	☐ Yes	☐ No
Vehicle Rental **	☐ Compact ☐ Mid-size/Intermediate ☐ Full Size ☐ Mini-van ☐ Van ☐ Other _____	☐ Yes	☐ No

* Justification Required _____

** Justification Required _____

Unauthorized individuals should not be transported in University-owned or rental vehicles. Refer to PM-13 for exceptions to this policy.

Section D - Other Special Approvals Requested

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

APPROVALS	Signature	Printed Name	Date
Traveler			
Supervisor/Director/ Dept Head/Chair			
Dean ¹			
Vice Chancellor			
Provost ²			
Assoc VP, Acct Services ³			
President & Chancellor			

Notes: For International Travel, the approved AS 292 must be submitted to Risk Management prior to the travel on-line at www.lsu.edu/riskmat/internationaltravelregistry for emergency notification and insurance purposes.

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

² Required for "High Risk Foreign Travel"

³ Required for "Travel > 30 Days"; applies to meals and/or lodging reimbursements