GRAMBLING STATE UNIVERSITY

E# E00

Request for Authorization to Travel

Approval must be submitted 10 business days prior to each trip using this form for foreign, out of state, and all conference convention travel by employees.

Traveler's N	Vame:			Destination:			
a					City	State	
G No:				Tier #:			
m' d				Departure:			
Title:				Return:	Date	Time	
Department	::		Office Ext:		Account # Char	ged to:	
NON-REIN	MBURSABLE T	RAVELERS/N	IAME & G#:				
REIMBUR	SABLE TRAVE	LERS/NAME	& G#:				
PURPOSE	OF TRAVEL:						
Estimate	d Expenses						
-	Vehicle rental		1)In state-forward Enterprise Rental Booking form upon receipt of approved Travel Authorization				
-	Gas Lodging for	days	2/Use Gas Card-in-state rental/Must have approved travel authorization 3)Use GSU CC or non Travel Cardholder attach hotel confirmations and credit card authorization				
-	Meals	days	4)Use Personal funds or Group request cash advance below.				
-	Air Fare	1 1	5)Use Short's Travel www.shortstravel.com/la				
-				C or non Travel Card holders attach Registration documents for University Card Payment			
-	Other allowable expenses		7)Ground Transportation, Baggage, Parking, Internet, Telephone, Tips for Baggage and Valet Personal Vehicle-Maximum 99 miles per trip and/or day.				
-	Mileage	\$0.53 /mile	Personal Vehic	le-Maximum 9	9 miles per trip and	1/or day.	
	-	_					
		_					
		-					
		_					
\$ -	Total Estimated			Approved doc	ument to the Tra	vel Expense Account when submitted.	
	Advance Yes Make payable to : Requested? No G No.:			-			
	Requested:	110	Amount:				
				1			
Justificatio	on for vehicle ren	tal other than	Enterprise: Please	request vehic	le rental from En	terprise 5 working days prior to date of travel	1.
If the vehic	ele is not availabl	e, obtain Lette	er of Non-availabili	ty and attach t	o this document.		
Note: The c	ost of Collision D	amage Waiver	(CDW) and Persona	l Accident Insu	rance (PI) are not	reimbursable expenses. In the event of an accider	nt,
the traveler	should pay the de	ductible and cla	aim reimbursement o	on the expense	voucher.	-	
See State	Fravel Website fo	or complete gu	idelines: http://ww	w.doa.la.gov/p	ages/osp/Travel/I	ndex.aspx	
receipts for all for items paid b	items paid by the Trave by the Travel Credit Ca	el Credit Card, CBA ard, CBA, and Gas C	and Gas Card (i.e. confer	ence registration, ve ered a personal expe	chicle rental, lodging, an ense. I will be required to	be reimbursed by any other source. I am aware that I must provid gas). If I cannot provide receipts or other supporting docume o sign a missing receipt form, and I must reimburse the Universaycheck.	ntation
Traveler's S	Signature					Date	
APPROVE	ED BY:						
1.					2.		
Budg	et Unit Head OR	Grant D	Director Dat	e	Superviso	r OR	Date
Activ	rity Director (Title III O	only)			Title III C	rant Director (if applicable)	
3.					4.		
Area Vice	President		Dat	e	Grant Office		Date
		5.					
			Vice President for I	Finance		Date	