

# GRAMBLING STATE UNIVERSITY

## Request for Authorization to Travel

Approval must be obtained for each trip using this form for foreign, out of state, and all conference convention travel by employees.

### TRAVELER(S) & TRIP

Traveler's Name:	Destination:	
GSU ID No:	City	State
Title:	Departure:	
	Return:	
	Date	Time
Department:	Office Ext:	Account # Charged to:

NON-REIMBRUSABLE TRAVELERS: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

Estimated Expenses			Special Approval Requested (check appropriate items)	
	Vehicle rental			1) Vehicle rental reimbursement (Justify below) Attach non-available form.
	Lodging for	days		2) Lodging for reimbursement up to 25% in excess of maximum. (Justify below)
	Meals for	days		3) Meal reimbursement up to 25% in excess of maximum. (Justify below)
	Air Fare			4) Actual expense reimbursement for meal that is designated integral part of the conference.
	Registration			5) If advance prepayment is required. (Justify below)
	Other allowance expenses			6) Extension of temporary assignment beyond 30 days.
	Mileage	\$0.48 /mile		Person Vehicle
	Mileage	\$0.12 /mile		University Car
	Mileage	\$0.15 /mile		University Van - 7 Passenger
	Mileage	\$0.18 /mile		University Van - 15 Passenger
	Mileage	\$0.30 /mile		Mini Bus/School Bus
	Mileage	\$0.50 /mile		Eagle Bus (46)
	Total Estimated Cost			Note: This approved document must be attached to the travel expense voucher when submitted.
	Advance	Yes		Make check payable to :
	Requested?	No		Address:
	Registration	Yes		Make check payable to :
	Fee?	No		Address:

**Vehicle Rental Justification:**

Note: The cost of Collision Damage Waiver (CDW) and Personal Accident Insurance (PI) are not reimbursable 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:**

I certify that expenses charged and incurred will be in accordance with state travel regulations, university policies, and will not be reimbursed by any other source.

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

### APPROVED BY:

1. _____ Budget Unit Head OR _____ Grant Director _____ Activity Director (Title III Only)	2. _____ Supervisor OR _____ Title III Grant Director (if applicable)
3. _____ Area Vice President	4. _____ Vice President for Finance
5. _____ Budget Officer OR _____ Grant Administrator	_____