

Dept. Phone # _____

Travel Auth. No. _____

**AUSTIN PEAY STATE UNIVERSITY
AUTHORIZATION OF TRAVEL**

Contact Person: _____

This form must be submitted and approved at **least two weeks** before travel begins, and submitted to the Business Office with the appropriate approval.

NAME:

ID#:

TITLE:

DEPARTMENT:

DESTINATION:

PURPOSE OF TRIP:

DEPARTURE DATE:

RETURN DATE:

Blanket Travel Authorization
Enterprise - Indicate if direct bill

IF you are using a Travel Card for airfare, hotel or conference, please indicate this by using TC beside the amount.

Single Trip Authorization Request

TRAVEL BY: Rental CAR

PERSONAL/AUTO

Travel expenses are estimated as follows:

Hotel Rate Exception: Requested:

Airfare = \$

Approved:

Auto miles @ =

Hotel days @ =

Is this the conference hotel? yes no

AT THIS TIME, ADVANCE IS NOT AN OPTION

If yes, attach conference brochure.

Travel Advance: (If eligible) yes no

Meals: =

Amt. Requested: \$ NA

Registration: =

(may not exceed 80% of total estimated expenses)

Other: =

Airfare to be paid by University? yes no

Total Estimated Expenses \$

General Areas:

(Orgn) and (Acct) _____

AMOUNT APPROVED: _____

Grants:

(Fund) (Orgn) & (Acct)

AMOUNT APPROVED: _____

I UNDERSTAND that a payroll deduction may be made by the State for a travel advance if a claim is not filed within 30 days after my return or upon termination of employment.

SIGNATURE OF EMPLOYEE:

DATE:

SIGNATURE OF SUPERVISOR:

DATE:

For International Travel only, approval is needed by the appropriate Vice President & the President.

SIGNATURE OF THE VICE PRESIDENT:

DATE:

SIGNATURE OF THE PRESIDENT:

DATE:

Request for Advanced Registration Payment
(Registration Forms Must Be Attached)

Registration Payment made payable to:

Amount:

Mail to:

Fund/Orgn

Checked By: