TRAVEL AUTHORIZATION REQUEST

ETSU
East Tennessee State University

Name: | E#: E | Department: | PO Box: | Phone: | Fax:

Destination: | Departure Date: | Return Date:

Pick status: | Purpose of Travel: | Name of Event:

ESTIMATE OF EXPENSES

					Procard Used
Registration					
Transportation					Procard Used
Airfare					
Personal vehicle	Get Mileage		x 2 @ .46	-	
ETSU Motor Pool	Departure		Return	NO motor pool car requested	
Estimate:	Get Mileage		Rate per mile: 0.00	-	

Once approval signatures are complete, Departments must send a copy to Facilities Mgmt @ 70653 or fax to 439-7670.

Lodging and Meals and Incidentals

Rates: In-State Travel Rates | Out-of-State Rates | Out-of-Country Rates

					Procard Used
Lodging		days @		-	

(If conference, workshop or seminar, attach brochure documenting lodging rates)

		Look up rate	Actual Daily rate	
Meals and Incidentals				
Travel days			-	-
Non-Travel days		-	-	-

Other

TOTAL ESTIMATE OF EXPENSES -

AMOUNT APPROVED IF LESS THAN TOTAL ESTIMATE OF EXPENSES

Chart, Index, Account and Amount to be Charged:

		TOTAL	-

Approval/Signatures as Required

Traveler Date

Department Head Date

Dean/Director Date

Vice President Date

President Date

Foundation/Grant Accounting Date

STUDENT ADVANCE REQUEST

I hereby authorize East Tennessee State University to make payroll deduction for any temporary travel advance made to me if the advance is not refunded prior to my termination of employment, or if I fail to submit a travel claim for the trip upon which the advance was made.

AMOUNT

ADVANCE ACCOUNT # 110001-13500

DATE NEEDED

NOTES AND COMMENTS

WHEN TRAVEL IS COMPLETE, SEND ALL ORIGINAL RECEIPTS, APPROVED TRAVEL AUTHORIZATION REQUEST AND TRAVEL CLAIM FORM TO PROCUREMENT OFFICE, BOX 70729. ALL MUST BE ATTACHED BEFORE PROCESSING WILL BEGIN

TRAVEL AUTHORIZATIONS ARE NOT ENCUMBERED. REIMBURSEMENT OF TRAVEL CLAIM IS DEPENDENT ON AVAILABLE FUNDS WHEN CLAIM IS FILED.

MOTOR POOL USE ONLY: Mileage Outgoing: Mileage Incoming: Total Miles: