

AUBURN UNIVERSITY
REQUEST FOR AUTHORITY TO TRAVEL

AN AUTHORITY TO TRAVEL AND/OR INCUR EXPENSES IN PERFORMANCE OF OFFICIAL DUTIES ON BEHALF OF AUBURN UNIVERSITY IS REQUESTED BY:

(Traveler) (Title) (Department)

1. Nature and purpose of travel request: _____

(Attach the Conference, Workshop, etc. notice – if applicable)

2. Itinerary: _____

3. Time and date travel begins: _____ Ends: _____

4. Time and date meeting begins: _____ Ends: _____

5. Estimated Costs:

Transportation Tourist Class Airfare (receipt required) _____
 Train Fare (receipt required) _____
 Personal Car: Mileage _____ @ current state rate 48.5 ¢ per mile _____
 Airfare In-Lieu-Of Mileage (Quoted by _____ in Accounts Payable) _____
 University Vehicle (to be paid by ITV) _____
 Rental Vehicle – including gasoline and tolls (receipts required) _____
 Taxi/Bus/Subway Fares _____
 Parking (receipt required) _____

Subsistence:
In-State Per Diem _____ days @ current state rate \$ _____ per day _____
Out-of-State Lodging – actual expenses (receipt required) _____
 Meals – actual expenses not to exceed current A. U. rate per day * _____
 Guest Meals – actual expenses not to exceed current A. U. rate _____
 per day per person (receipt and guest list required) _____

6. Registration: To be paid by traveler (receipt and copy of program required) _____

 To be paid separately by vendor voucher (copy of approved R.A.T. required) _____

7. Honorarium: Attach agreement/correspondence – lump sum payment only (no _____
 expenses allowed) _____

8. Misc. Expenses: FAX and Telephone (receipt & itemization required) _____

 OTHER: (receipt and itemization required) _____

9. TOTAL ESTIMATED COSTS: _____

10. Remarks: _____

11. Account Name _____ Account # _____

 Account Name _____ Account # _____

12. Signatures:

Traveler / Date

Department Head / Date

Dean/Director / Date

Other / Date

President / Date

* \$34/day without receipts
\$60/day with receipts (Receipts MUST be itemized.)