

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 _____
 — Airfare In-Lieu-Of Mileage (Quoted by _____ in Accounts Payable) _____
 — Rental Vehicle including gasoline and tolls (receipts required) _____
 — Taxi/Bus/Subway Fares _____
 — Parking (receipt required) _____

Subsistence:

In-State — Per Diem _____ days @ current state rate _____

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. Miscellaneous 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
 (Honorarium and Foreign Travel)

DISTRIBUTION: White-attach to voucher Yellow-Department Head Green-Dean/Director