

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      ¢ 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:

*Melody L. Russell*      12/11/2024

\_\_\_\_\_  
Traveler / Date

\_\_\_\_\_  
Department Head / Date

\_\_\_\_\_  
Dean/Director / Date

\_\_\_\_\_  
Other / Date

\_\_\_\_\_  
President / Date

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