

AUBURN UNIVERSITY
REQUEST FOR AUTHORITY TO TRAVEL
*Document must be completed and Pre-Approved
before any cost can be incurred for
travel/registration*

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

If vacation days coincide w/ travel, leave slips **MUST** be attached

5. Estimated Costs:

Transportation	Airfare (receipt required)	_____
	Airport Shuttle (receipt required)	_____
	Personal Car: Mileage _____ @ current state rate	_____
	Airfare In-Lieu-Of Mileage	_____
	Rental Vehicle - including gasoline and tolls (receipts required)	_____
	Parking (receipt required)	_____

In-State -	Per Diem _____ days @ current state rate: \$85.00 per day	_____
	(travel requiring 2 or more nights is \$100 per day).	

Out-of-State -	Lodging – actual expenses (receipt required)	_____
	Meals – actual expenses not to exceed current AU rate per day, no per diem*	_____
	*\$34/day without receipts-employee must keep supporting documentation \$60/day with receipts (Receipts MUST be itemized.)	

6. Registration:

To be paid by OIT Pcard (receipt and copy of itinerary required)	_____
Early Bird discount required if available	

7. Misc. Expenses: Receipt & itemization required.

8. TOTAL ESTIMATED COSTS:

Remarks: _____

FOAP Name	_____	FOAP #	_____
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FOAP Name	_____	FOAP #	_____
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Signatures: Required

_____ Traveler / Date	_____ Manager / Date
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_____ Director / Date	_____ Admin Director / Date
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Upon return, Authorization Form, OIT Travel form and original receipts **MUST** be turned in to Angela Smith for travel reimbursement