Dept. Phone # _____ Travel Auth. No. _____

Contact Person: _____

AUSTIN PEAY STATE UNIVERSITY
AUTHORIZATION OF TRAVEL

This form must be submitted and approved at **least two weeks** before travel begins, and submitted to the Business Office with the appropriate approval.

NAME: _____ ID#: _____ TITLE: _____

DEPARTMENT: _____ DESTINATION: _____

PURPOSE OF TRIP: _____

DEPARTURE DATE: _____ RETURN DATE: _____

Blanket Travel Authorization ☐ Single Trip Authorization Request ☐

TRAVEL BY: STATE CAR ☐ AIRLINE ☐ PERSONAL AUTO ☐

Travel expenses are estimated as follows:

Airfare _____ = $ $0.00

Auto _____ miles @ 0.47 = 0.00

Hotel _____ days @ _____ = 0.00

Is this the conference hotel? yes ☐ no ☐

If yes, attach conference brochure.

Meals: _____ = 0.00

Registration: _____ = 0.00

Other: _____ = 0.00

Total Estimated Expenses $ $0.00

Hotel Rate Exception:

Requested: _____ Approved: _____

_____ _____

Employee Appropriate Approving Authority

Travel Advance: (If eligible) yes ☐ no ☐

Amt. Requested: $ _____

(may not exceed 80% of total estimated expenses)

Airfare to be paid by University? yes ☐ no ☐

General Areas:
(Orgn) and (Acct) _____ AMOUNT APPROVED: _____

Grants:
(Fund) (Orgn) & (Acct) _____ AMOUNT APPROVED: _____

I UNDERSTAND that a payroll deduction may be made by the State for a travel advance if a claim is not filed within 30 days after my return or upon termination of employment.

SIGNATURE OF EMPLOYEE: _____ DATE: _____

CHAIRMAN/DIRECTOR: _____ DATE: _____

DEAN/VICE PRESIDENT: _____ DATE: _____

Request for Advanced Registration Payment
(Registration Forms Must Be Attached)

Registration Payment made payable to: _____ Amount: _____

Mail to: _____ Fund/Orgn _____

_____ Checked By: _____

Original: Accounts Payable - Box 4635

Print Form Clear Form