

Dept. Phone # _____

Travel Auth. No. _____

**AUSTIN PEAY STATE UNIVERSITY
AUTHORIZATION OF TRAVEL**

Contact Person: _____

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 = \$

Auto miles @ =

Hotel days @ =

Is this the conference hotel? yes no

If yes, attach conference brochure.

Meals: =

Registration: =

Other: =

Total Estimated Expenses \$

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: