

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:

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: _____

SUPERVISOR: _____

DATE: _____

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

Registration Payment made payable to: _____ Amount: _____

Mail to: _____ Fund/Orgn _____

Checked By: _____