Dept. Phone #		Travel Auth. No		
-		AUSTIN PEAY STATE UNIVERSITY AUTHORIZATION OF TRAVEL		
	submitted and appropriate approval.	oved at least tw	o weeks before travel begin	s, and submitted to the Business
NAME:		ID#:	TITLE:	
DEPARTMENT:			DESTINATION:	
PURPOSE OF TR	IP:			
DEPARTURE DATE:		RETURN DATE:		
Blanket Travel Authorization		Single Trip Authorization Request		
TRAVEL BY:	STATE CAR		AIRLINE	PERSONAL AUTO
Air Au Ho Is this the of If yes, attached the of Reg Other: Tot General Areas: (Orgn) and (Acct) Grants: (Fund) (Orgn) & (UNDERSTAND to	tel days @ conference hotel? yes ch conference brochulals: gistration: al Estimated Expense Acct) hat a payroll deductor my return or upon PLOYEE:	= \$	Requested: Travel Advance Amt. Request (may not excess) Airfare to be possible AMOUNT APPLE AMOUNT APPLE ade by the State for a trave	ed 80% of total estimated aid by University? yes no ROVED:
For International Tr	avel only, approval is n	eeded by the app	ropriate Vice President & the Pr	resident.
SIGNATURE OF THE VICE PRESIDENT:				DATE:
SIGNATURE OF TH		ced Registration Payment	DATE:	
	Keqt	(Registration	Forms Must Be Attached)	
Registration Pa	yment made payable	to:		Amount:
Mail to:				Fund/Orgn
				Checked By: