

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: _____ SS#: _____ 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 _____ = \$ _____

Automobile _____ miles @ _____ = _____

Hotel _____ days @ _____ = _____

Is this the conference hotel? yes no

If yes, attach conference brochure.

Meals: _____ days @ _____ = _____

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

ACCOUNT NUMBER: _____

AMOUNT APPROVED: _____

ACCOUNT NUMBER: _____

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: _____

PRESIDENT: _____

DATE: _____

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

Registration Payment made payable to: _____

Amount: _____

Mail to: _____

Account No. _____

Checked By: _____