

Request for Official Travel

TA

SUBMIT IN QUADRUPLET

If University support is not requested, complete Sections I and III only.

DATE SUBMITTED _____

I. REQUEST FOR TRAVEL

Travel is requested from _____ / _____ to _____ / _____
TIME DATE TIME DATE

Destination _____

Purpose of Trip _____

II. REQUEST FOR FUNDING

ESTIMATED MAXIMUM EXPENSES

- Plane (Utilization of state contracted agency required)
- Personal car (28¢ per mile x _____ miles)
 I hereby certify that I have and will maintain at least the state of LA required minimum liability coverage of 10/20/10 with

COMPANY POLICY NO. EXP. DATE

- State Vehicle (12¢ per mile x _____ miles)
 Attach justification if trip is more than 250 miles one way.

- Rental Vehicle
 Justification must be attached.

*As allowed by State Travel Regulations

| | |
|--------------------|----------|
| Transportation | \$ _____ |
| Lodging | \$ _____ |
| Meals | \$ _____ |
| Registration | \$ _____ |
| Other | \$ _____ |
| TOTAL | \$ _____ |
| Funding Requested | \$ _____ |
| Advance Requested* | \$ _____ |

III. REQUIRED SIGNATURES FOR APPROVAL

I certify that the above travel will be on official business of the University of Southwestern Louisiana, unless otherwise indicated in Section I, and will conform with existing State Travel Regulations.

Signature of Traveler _____ Department _____

Typed/Printed Name of Traveler _____ Phone Extension _____

Driver's License No. _____ S. S. # _____ Title _____

IMPORTANT: Travel expense account must be submitted no later than the 15th of the month following completion of travel.

APPROVAL

PHONE EXTENSION DEPARTMENT CHARGED FUNDS LIMITED TO:

| | | | |
|---|-------|-------|----------|
| Department Chairperson _____ | _____ | _____ | \$ _____ |
| Project Director _____ | _____ | _____ | \$ _____ |
| Dean of College _____ | _____ | _____ | \$ _____ |
| Administrative Head _____ | _____ | _____ | \$ _____ |
| Vice President (if required) _____ | _____ | _____ | \$ _____ |
| Comptroller _____ | _____ | _____ | \$ _____ |
| Vice President for Business and Finance _____ | _____ | _____ | \$ _____ |

FOR BUSINESS AFFAIRS USE ONLY

Travel Advance Voucher Number _____

Date Travel Advance Received _____

Amount Received _____

| ACCOUNT | C & O | AMOUNT |
|---------|-------|--------|
| | | |
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Amount Received _____

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TRAVELER

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INSURANCE