



# Travel Authorization Request

## Section I. Traveler

Select type of travel: Employee Travel CEO or Board Travel

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Travel Destination: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_  
mm/dd/yyyy

Reason for Travel: Conference Convention Seminar Workshop Other \_\_\_\_\_

Describe the reason for travel: \_\_\_\_\_

## Section II. Estimated Expenditures

To find the correct per-diem rate, use this link. <https://www.gsa.gov/travel/plan-book/per-diem-rates>  
 To find the correct mileage rate, use this link. <https://www.gsa.gov/mileage>

Registration Fee: \_\_\_\_\_ \$

Commercial Carrier:  Airline  Other \_\_\_\_\_ \$

Private Vehicle: \_\_\_\_\_ miles @ \$ \_\_\_\_\_/miles..... \$

Parking: \_\_\_\_\_ days @ \$ \_\_\_\_\_/rate..... \$

Rental Vehicle: \_\_\_\_\_ days @ \$ \_\_\_\_\_/rate..... \$

Taxi/Uber: \_\_\_\_\_ trips @ \$ \_\_\_\_\_/rate..... \$

\_\_\_\_\_ trips @ \$ \_\_\_\_\_/rate..... \$

\_\_\_\_\_ trips @ \$ \_\_\_\_\_/rate..... \$

Lodging: Hotel: \_\_\_\_\_ Phone: \_\_\_\_\_

Confirmation # \_\_\_\_\_ Deposit: \* \$ \_\_\_\_\_

\_\_\_\_\_ nights @ \$ \_\_\_\_\_ /rate ..... \$

Meals: (per-diem) \_\_\_\_\_ days @ \$ \_\_\_\_\_ /rate..... \$

### Other:

Miscellaneous 1 \_\_\_\_\_ \$

Miscellaneous 2 \_\_\_\_\_ \$

Miscellaneous 3 \_\_\_\_\_ \$

Total Actual Trip Expenses ..... \$ \_\_\_\_\_

Company Paid  
 Traveler Advanced

### Estimated Cash Advance Breakdown

(Based on boxes checked as "Company Paid vs. Traveler Advanced")

	Company Paid	Advanced
Registration Fee.....		
Carrier Cost.....		
Mileage.....		
Parking.....		
Rental Vehicle.....		
Taxi/Uber.....		
Lodging Cost (- deposit)...		
Lodging Deposit.....		
Per Diem.....		
Miscellaneous 1.....		
Miscellaneous 2.....		
Miscellaneous 2.....		
Company Prepaid Amount _____		
Cash Advance to Traveler.....		

**REQUESTOR:** Travel Expense Voucher is to be completed within 7 days of return. Submit zero balance hotel manifest, taxi and other receipts.

## Section III. Authorizations

## Section IV. Finance Department Validation

Authorization #: \_\_\_\_\_ Charge to cost centers: \_\_\_\_\_

Cash Advance Issued Date: \_\_\_\_\_ Finance Employee: \_\_\_\_\_ Initial: \_\_\_\_\_

\*(Deposit amount is not included in grand total)