SOUTHERN UNIVERSITY AND A&M COLLEGE SYSTEM

Southern University A&M College
TRAVEL AUTHORIZATION FORM

Instructions: Please complete all sections pertaining to your request using the fillable form. Submit complete form including support documentation and approval from your department head to the University's Travel Department. Retain a copy for your records.

NO TRAVEL EXPENSES SHOULD BE PAID UNTIL ALL APPROVALS ARE OBTAINED

This form is to be submitted to the Travel Department at least 30 days prior to the proposed date of departure.

SECTION A: General Information – Complete All Information ***(Add additional travelers in Section D if applicable)***

Name:	**Employee/Consultant ID#:**
Title:	**Travel Destination:**
Campus:	**Division/Section:**
Begin Date: **End Date:**	**Mode of Transportation:**

Name of Event/Conference/Game:

SECTION B: Type of Travel (Select all that apply)

- ☐ **Conferences/Seminars/Meetings/Trainings/Workshops**
- ☐ **In-State Travel (Sales Tax Exempt Form Required)**
- ☐ **Out-of-State Travel**
- ☐ **Weekend Travel (Saturday and Sunday Travel)**
- ☐ **International Travel (President's Approval Required)**
- ☐ **Vehicle Rental (Automobile Rental Vehicle Form Required)**
- ☐ **Use of Personal Vehicle (map quest, google map, Required)**
- ☐ **50% Approval Above GSA Lodging Rate (Prior approval required from Commissioner)**
- ☐ **Recruitment Fairs/Registration**
- ☐ **Students: Activities/Events/Recruiting/Scheduled Games**
- ☐ **Travel Advances (Payroll Deduction Form/Departmental Invoice Required)**
- ☐ **Other (Explanation Required)***

***REQUIRED DOCUMENTATION:** An agenda, itinerary, or flyer are REQUIRED travel documents and should be attached to this form.

SECTION C: Estimated Expenses Per Trip

Airfare Costs:	
Vehicle Rental(s):	
Lodging:	
Per Diem:	
Other Costs (snacks/baggage/tips):	
Parking/Tolls:	
Personal Vehicle Mileage/Gas:	
Registration Fees:	
Ground Transportation:	
TOTAL:	$ 0.00
Number of Travelers:	

SECTION D: Additional Travelers- please list travelers or use the listing form located on the website.

Traveler Name and Employee / ID Number	Traveler Job Title
1.	
2.	
3.	
4.	

SECTION E: Agency Accounting

FUND	ORG	ACCOUNT	PROGRAM

Availability of Funds
Yes ☐ No ☐ _____
Date

SECTION F: Approval Signatures

Applicant	Date	Athletic Director	Date
AVP/SR Administrative Operations Officer	**Date**	**Chancellor/President**	**Date**