

APPALACHIAN STATE UNIVERSITY Request for Travel and Travel Authorization

This form should be completed by any University employee for the following: 1) Use of a Motor Pool vehicle - send to Motor Pool, 2) Travel Advance Request (send two copies), charge air fare to ASU, out-of-country travel - send to Controller's Office, 3) other internal uses - do not send to Motor Pool or Controller unless necessary per 1) or 2) above.

Date of Request	Requesting Department			
Traveler's Name	Travel to Begin Date	Time	Travel to End Date	Time
Purpose		Destination(s) City	State	
Names of Passengers not requesting travel funds				

University Vehicles Requested, if so, send copy directly to motor pool. See the University Resource Manual Travel Appendix for current rates. Specific vehicle types in spaces below: Sedan; Stationwagon; Minivan; 12-Passenger Van; 15-Passenger Van; Box Van; Bus. Approval of a Travel Request does not assure availability of University transportation. Availability/non-availability of University furnished transportation will be communicated by the Motor Pool.

	Type of Vehicle	Motor Pool Driver Needed?	No. Requested	Rate	Estimated Mileage	Estimated Cost

Transportation Private Car Mileage Allowance _____ Miles at _____

Fax Travel Agency And Air Fare _____

Rental Car (indicate why rental car is necessary) _____

Other (specify): _____

Subsistence _____ Days at _____ _____ Days at _____

_____ Days at _____ _____ Days at _____

Select check box to note excess subsistence

Registration Fees Fill this in only if you are to be reimbursed for Registration Fees. _____

Total **Estimated Cost** _____

Travel Advance Requested? _____ Check to be secured from Controller's Office On: _____ (Date) _____ (Amount)

(If so, send two copies to Controller's Travel Office) Social Security No. _____

Traveler's Approval

I understand that any travel advance made by the University is a loan to me and I am personally responsible for all monies advanced. I also agree to repay immediately any advance issued for a trip not taken. If I fail to settle this advance within 30 days after the trip is completed the University Payroll Office may deduct the advance amount from my next salary payment. Further, I certify that only authorized licensed drivers will be allowed to drive any University vehicle issued as a result of this request. I have reviewed this completed travel authorization and verify that this travel is for official University business, that the information contained is true and accurate, and hereby agree to the terms and conditions of this authorization. I hereby acknowledge that provision of my Social Security number is voluntary and authorize its use as a personal identifier for record keeping purposes.

Signature of Person Traveling _____ Date _____

Approvals _____ Budget Code _____

Required items Supervisor _____ Date _____

Optional Approvals _____ Extra Approvals _____

Controller's Approval _____ Date _____

Travel Advance Date	Amount	Advance No	Controller