

OUT-OF-STATE
TRAVEL AUTHORIZATION

ENCUMBRANCE # _____

VENDOR # _____

NAME _____ DATE _____
(Type or Print)

ADDRESS _____

PURPOSE _____

PLACE _____ TRIP DATES: FROM _____ TO _____

Method of Travel _____ Account # _____

AUTHORIZATION

Total Expenses Allowed \$ _____

_____ Professional meeting, seminar, workshop, etc. where JSU benefits & travel is directed by JSU; 100% of total Expenses allowed under State regulations

_____ Flat amount \$ _____ of total expenses allowed under State regulations

_____ Not approved

Agreement _____ Recommended by _____
(Signature of Requester) (Dean/Director)

Dept. Head/Supervisor _____

President (By Vice President) Date

TRAVEL REIMBURSEMENT REQUEST

1. Transportation:
From _____ To _____ Auto Miles _____ *Air Fare _____ Total _____
@ _____ per mile

2. Subsistence:

Date	Morning	Meals Noon	Evening	*Room	Total

Subsistence Total \$ _____

3. Detail Other Expenses (receipts required for registration and over \$25.00) Full conference brochure copy also required. OTHER EXPENSE TOTAL \$ _____

GRAND TOTAL \$ _____

I hereby certify that the above expenses are correct, and were incurred in connection with official duties of Jacksonville State University.

Approved:

Traveler (Signature) Budget Manager (Signature) Immediate Supervisor (Signature)

*Receipts required