

OUT OF STATE TRAVEL AUTHORIZATION / REQUISITION

A copy of this form should be kept in your office files upon approval by the appropriate university officials.

Name: _____ Banner ID#: @ _____

Department: _____

Dates requested for Travel/Leave:

FROM _____ **ON** _____ **TO** _____ **ON** _____
Time Date Time Date

State Reason: (Specify name, location-including city and state, and purpose of trip and attach copy of materials)
 If Applicable, attach explanation for class coverage or make up of instructional time.

The person traveling is responsible for submitting a travel expense report immediately upon return to Fitchburg State.

NO REIMBURSEMENT will be made without applicable receipts, with the exception of meal allowances.

I will Travel: only if funds are available. at my own expense if funds are not available. without charging the university.

Means of Travel			Room and Meals			
	Reimbursed	P-Card	Number of	Price per	Reimbursed	P-Card
Airplane			Room Nights to be Reimbursed:	@		—
Train			Room Nights on P-Card:	@		
Bus			Breakfasts:	@ \$ 7.50 ea.		N/A
Private Auto Total Miles			Lunches:	@ \$12.50 ea.		N/A
X 0.585 =		N/A	Dinners:	@ \$22.00 ea.		N/A
TOTAL Means of Travel			TOTAL Room & Meals			
			TOTAL Means of Travel			
			Conference Fees (attach details)			
			Other (attach details)			
			Totals per Payment Method			
			TOTAL Estimated Travel Expenses			
			TOTAL to be REIMBURSED			

FOAPAL For Reimbursed Funds					
Fund	Orgn	Acct	Prog	Actv	Amount Approved

FOAPAL For P-Card					
Fund	Orgn	Acct	Prog	Actv	Amount Approved

Signature & Approval

Traveler Signature: _____ Date: _____

Director / Chair / Supervisor Signature: _____ Date: _____

Travel Expenses are: Approved Not Approved Reason: _____

REQ #: _____ Entered by: _____ Date: _____