Virginia State University
REQUEST FOR TRAVEL AUTHORIZATION (TO)
Please complete this form in its entirety. (Use [Tab] to move from cell to cell.)

Traveler's Name: _____ **Title:** _____ **Employee ID#:** _____

Department: _____ **Box No.** _____ **Telephone Number** _____

Destination or Itinerary _____

Departure Date _____ **Departure Time** _____ **Return Date** _____ **Return Time** _____

Purpose For This Trip
(Include dates of meeting, convention, institute, or other activity. Please attach all supporting documentation.) _____

Estimated Expenses (Where possible, please enter exact amounts.)

Enter "X" in only ONE box. - Travel for professional development, presentations, seminars or conferences, or employee training.
  - Any other authorized employment-related travel.

				Amount	Object	Object
REGISTRATION FEES	Paid by: _____	Employee	_____ VSU Purchase Order		1224	1224
LODGING (specific description: _____				0.00	1227	1285
# of nights _____	Room Rate to include tax _____		State Per Diem _____			

A letter of exception(signed by President or designee) MUST be attached for all lodging over the State's per-diem rate.

	Enter # of days	Enter Per Diem		Amount	Object	Object
MEALS # of Travel Days @ 75%	_____	_____	= $ -	0.00	1227	1288
# of Full Days	_____	_____	= $ -			
TRANSPORTATION						
Private Personal Car	# of miles 0	Mileage rate 0	Standard rate-over 100 miles per day/IRS rate for less	0.00	1227	1282

A letter of exception(signed by President or designee) MUST be attached for the higher mileage when over 100 miles/day

				Amount	Object	Object
State Car					1284	1284
Airplane	Paid By _____	Employee	_____ VSU Purchase Order		1227	1283
Rental Car	Paid By _____	Employee	_____ VSU Purchase Order		1227	1283
Other (specific description: _____)					1227	
Tolls/Parking	_____				1285	1285
Gas					1323	1323
Other	_____					
TOTAL AMOUNT REQUESTED				0.00		

TRAVEL ADVANCE REQUESTED (*If an amount is entered, a completed Check Request Form MUST be attached.*)   _____   *Advances are only issued for travel involving students.*

CHARGE ALL TRAVEL EXPENDITURES TO BANNER FOPAL: _____

Arrangements made for missed classes or other responsibilities. _____

By signing this form, I acknowledge being currently enrolled into the Commonwealth's "Electronic Reimbursement Program." I understand that enrollment is mandatory BEFORE I can be reimbursed for any travel costs, and that forms and procedures are available on www.vsu.edu/travel.

_____ _____ _____
Signature of Traveler   Title   Date Signed

_____ _____ _____
Signature of Traveler's Direct Supervisor   Title   Date Signed
                                                    Dean
_____ _____ _____
Signature of Traveler's Dean or Director   Title   Date Signed

_____ _____
Vice President's Signature (*required if total over $500 and/or international travel*)   Date Signed

_____ _____
President's Signature (*required if total over $500 and/or international travel*)   Date Signed

- Reimbursement amount cannot exceed originally requested amount.
- Invoice Processing must receive requests for travel advances 14 days before the date on which the check is needed.
- The traveler must repay any advance within 30 days for the date the advance was issued.
- For group travel arrangements, a complete list of names of persons traveling MUST be attached.

Do not date stamp within this box   *To be completed by the Travel coordinator in the VSU Purchasing Offce*   *Do not date stamp within this box*

_____ _____
Travel Coordinator's Signature   Date Signed

_____ _____ _____ _____
Approval for Payment   Travel Order Number   American Airline Number   Motor Pool Number