

AUBURN UNIVERSITY
REQUEST FOR AUTHORITY TO TRAVEL

AN AUTHORITY TO TRAVEL AND/OR INCUR EXPENSES IN PERFORMANCE OF OFFICIAL DUTIES ON BEHALF OF AUBURN UNIVERSITY IS REQUESTED BY:

 (Traveler) (Title) (Department)

1. Nature and purpose of travel request: _____

(Attach the Conference, Workshop, etc. notice – if applicable)

2. Itinerary: _____

3. Time and date travel begins: _____ Ends: _____

4. Time and date meeting begins: _____ Ends: _____

5. Estimated Costs:

Transportation	Tourist Class Airfare (receipt required)	_____
	Train Fare (receipt required)	_____
	Personal Car: Mileage _____ @ current state rate 48.5 ¢ per mile	_____
	Airfare In-Lieu-Of Mileage (Quoted by _____ in Accounts Payable)	_____
	University Vehicle (to be paid by ITV)	_____
	Rental Vehicle – including gasoline and tolls (receipts required)	_____
	Taxi/Bus/Subway Fares	_____
	Parking (receipt required)	_____

Subsistence:

In-State Per Diem _____ days @ current state rate \$ _____ per day _____

Out-of-State Lodging – actual expenses (receipt required) _____

Meals – actual expenses not to exceed current A. U. rate per day * _____

Guest Meals – actual expenses not to exceed current A. U. rate _____

per day per person (receipt and guest list required) _____

6. Registration: To be paid by traveler (receipt and copy of program required) _____

To be paid separately by vendor voucher (copy of approved R.A.T. required) _____

7. Honorarium: Attach agreement/correspondence – lump sum payment only (no _____

expenses allowed) _____

8. Misc. Expenses: FAX and Telephone (receipt & itemization required) _____

OTHER: (receipt and itemization required) _____

9. TOTAL ESTIMATED COSTS: _____

10. Remarks: _____

11. Account Name _____ Account # _____

Account Name _____ Account # _____

12. Signatures:

 Traveler / Date

 Department Head / Date

 Dean/Director / Date

 Other / Date

 President / Date

* \$34/day without receipts
 \$60/day with receipts (Receipts MUST be itemized.)