

MIDDLE GEORGIA STATE UNIVERSITY
TRAVEL AUTHORIZATION

NAME: _____ EMP ID: _____

DEPARTMENT: _____ DEPT #: _____

DATES: DEPARTURE: _____ RETURN: _____

DESTINATION: _____

ITINERARY & PURPOSE OF TRIP:

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ESTIMATED TRAVEL EXPENSES:

(1) AIRFARE _____
(Complete section below)

(2) MILEAGE _____
(Personal vehicle \$0.70/mi)

(3) RENTAL CAR _____

(4) LODGING _____

(5) PARKING _____

(6) MEALS _____

(7) GASOLINE _____

(8) OTHER/MISC _____
(*EXPLAIN)

TOTAL TRAVEL EXPENSES _____

Registration Fee Amount:

*Please have registration paid by
department administrative assistant
prior to travel, whenever possible.*

Traveler's Signature

APPROVAL:

Total Travel Amount Approved (Incl Registration): _____

Budget Manager: _____ Date: _____

FOR AIRLINE RESERVATION

Name as appears on id: _____

Date of Birth: _____ Cell Phone #: _____

FROM	TO	DATE	Approx. time of departure/arrival