

MIDDLE GEORGIA STATE UNIVERSITY
TRAVEL AUTHORIZATION

NAME: _____ EMP ID: _____
 DEPARTMENT: _____ DEPT #: _____
 DATES: DEPARTURE: _____ RETURN: _____
 DESTINATION: _____

ITINERARY & PURPOSE OF TRIP:

ESTIMATED TRAVEL EXPENSES:

- (1) AIRFARE _____
(Complete section below)
- (2) MILEAGE _____
(Personal vehicle \$0.575/mi)
- (3) RENTAL CAR _____
- (4) LODGING _____
- (5) PARKING _____
- (6) MEALS _____
- (7) GASOLINE _____
- (8) OTHER/MISC (*EXPLAIN) _____
- TOTAL TRAVEL EXPENSES** _____

Registration Fee Amount:

Please have prepaid by your department administrative assistant, unless vendor accepts checks only.

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