

**MIDDLE GEORGIA STATE UNIVERSITY
STUDENT ACTIVITY (SACT) TRAVEL AUTHORIZATION REQUEST**

ADVISOR/DIRECTOR: _____

Select Dept # from dropdown list:

PROGRAM/RSO: _____

DATES: DEPARTURE: _____ RETURN: _____

DESTINATION: _____

ITINERARY & PURPOSE OF TRIP:

ESTIMATED TRAVEL EXPENSES:

(1) AIRFARE _____

(2) MILEAGE _____

(3) RENTAL CAR _____

(4) LODGING _____

(5) PARKING _____

(6) MEALS _____

(7) *OTHER/MISC _____

(*EXPLAIN)

Registration Fee Amount:

After TA approval, should be prepaid with Pcard by group advisor/director or department administrative assistant, unless vendor accepts checks only.

TOTAL TRAVEL EXPENSES

Advisor/Director Signature Required

NOTE: This form should be used **ONLY** for travel which is paid with Student Activity Fee Funds.

Submit form to linda.foskey@mga.edu by clicking on envelope in toolbar at top and attaching to email.

APPROVAL:

Total Travel Amount Approved (Incl Registration): _____

Budget Manager: _____ Date: _____
Linda Foskey (SACT Budget Manager)

VP for Student Affairs _____ Date: _____
Jennifer A. Brannon