

Dept. Phone # \_\_\_\_\_

Travel Auth. No. \_\_\_\_\_

**AUSTIN PEAY STATE UNIVERSITY  
AUTHORIZATION OF TRAVEL**

Contact Person: \_\_\_\_\_

This form must be submitted and approved at **least two weeks** before travel begins, and submitted to the Business Office with the appropriate approval.

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

Blanket Travel Authorization

Single Trip Authorization Request

TRAVEL BY:      STATE CAR      AIRLINE      PERSONAL AUTO

Travel expenses are estimated as follows:

|                                     |         |      |
|-------------------------------------|---------|------|
| Airfare                             |         | = \$ |
| Auto                                | miles @ | =    |
| Hotel                               | days @  | =    |
| Is this the conference hotel?       | yes no  |      |
| If yes, attach conference brochure. |         |      |
| Meals:                              |         | =    |
| Registration:                       |         | =    |
| Other:                              |         | =    |
| Total Estimated Expenses            |         | \$   |

Hotel Rate Exception:

|  |                                 |
|--|---------------------------------|
| Requested:                                       | Approved:                       |
| Employee   | Appropriate Approving Authority |
| Travel Advance: (If eligible) yes no             |                                 |
| Amt. Requested:\$                                |                                 |
| (may not exceed 80% of total estimated expenses) |                                 |
| Airfare to be paid by University? yes no         |                                 |

**General Areas:**

(Orgn) and (Acct) \_\_\_\_\_

AMOUNT APPROVED: \_\_\_\_\_

**Grants:**

(Fund) (Orgn) & (Acct)

AMOUNT APPROVED: \_\_\_\_\_

**I UNDERSTAND that a payroll deduction may be made by the State for a travel advance if a claim is not filed within 30 days after my return or upon termination of employment.**

SIGNATURE OF EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

CHAIRMAN/DIRECTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

DEAN/VICE PRESIDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

Request for Advanced Registration Payment  
(Registration Forms Must Be Attached)

Registration Payment made payable to: \_\_\_\_\_

Amount: \_\_\_\_\_

Mail to: \_\_\_\_\_

Fund/Orgn \_\_\_\_\_

Checked By: \_\_\_\_\_