Appalachian State University- Request for Travel and Travel Authorization

This form should be completed by any University employee who is traveling for University purposes. If the use of a Motor Pool vehicle is requested, please send this request to the Motor Pool. If a travel advance is requested or airfare needs to be faxed, please send original to the Controller's Office. If no advance, faxed airfare, or Motor Pool vehicle is needed please retain the original in your department

Request Date	*Traveler's Name*			*Banner ID*	*Department*	
Date Travel Begins	*Time*	*Date Travel Ends*	*Time*	*Destination(s) City*	*State(s)*	*Zip*
Purpose						
Names of Passengers not requesting funds for travel						

Transportation

University Vehicles Requested

See the resource manual for rates. Approval of a Travel Request does not assure availability of a vehicle. The availability Status of vehicles will be communicated by the Motor Pool

Type of Vehicle	*Motor Pool Driver*	*# Requested*	*Rate*	*Estimated Mileage*	*Estimated Cost*
					-
					-

Private Car Mileage Allowance ____ Miles at ____ -

FAX ☐ Travel Agency and Airfare *Agency* ____ *Air Fare* ____

Rental Car: include purpose/ need ____

Other (Specify) ____

Subsistence

____ Days at ____ ____ Days at ____

____ Days at ____ ____ Days at ____ -

Registration Fees

Complete only if you are to be reimbursed for Registration Fees ____

Total Estimated Cost of Travel Request -

Traveler's Approval

I understand that any travel advance made by the University is a loan to me and I am personally responsible for all monies advanced. I also agree to repay immediately any advance issued for a trip not taken. If I fail to settle this advance within 30 days after the trip is completed the University Payroll Office may deduct the advance amount from my next salary payment. Further, I certify that only authorized licensed drivers will be allowed to drive any University vehicle issued as a result of this request. I have reviewed this completed travel authorization and verify that this travel is for official University business, that the information contained is true and accurate, and I hereby agree to the terms and conditions of this authorization.

Signature of the Person Travelling _____ Date _____

Required Approvals

Supervisor _____ Date _____ Fund-Account _____

Optional Approvals

_____ Date _____ _____ Date _____

Controller's Office Approval _____ Date _____

Travel Advance

Travel Advance Requested ☐ YES, Send Original to Controller's Office

Banner ID ____ Address Type/ Sequence ____

Advance Amount ____ Adv # ____ Date ____ Controller ____