



SCSU ESSENTIAL TRAVEL AUTHORIZATION

TRAVEL REQUEST# _____

This form must be completed by anyone desiring reimbursement for official university travel. All requests must be submitted at least 14 working days in advance of date of travel. In case of Out-of-Country travel, please attach the approved request for Foreign Travel (Document APT4)

TRAVELER'S NAME:	TRAVELER'S ID:	DEPARTMENT:
DEPARTURE DATE: TIME:	RETURN DATE: TIME:	DESTINATION (CITY, STATE)

PURPOSE OF TRIP & WHY IS THIS TRAVEL ESSENTIAL(BE SPECIFIC):

TRAINING RELATED? (IF YES, ATTACH AGENDA) YES NO

IS THIS RELATED TO AN OPEN TRAVEL AUTHORIZATION? YES NO IF YES, TRAVEL AUTHORIZATION #

NAME OF PASSENGERS:

INDIVIDUAL Lodging Rates	Miscellaneous Costs	Pay	Rate	Meals #	Total
\$ _____ per night	\$ _____ Gas/Parking/ Shuttle/Taxi		Breakfast	x	\$ _____
\$ _____ tax per night	\$ _____ Registration Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lunch	x	\$ _____
\$ _____ total per night	\$ _____ Bus/ Rental Car	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dinner	x	\$ _____
X _____ # of nights	\$ _____ Airfare	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	\$ _____ Personal Car Mileage				
TOTAL					
\$ _____	\$ _____				\$ _____

GROUP Lodging Rates	Miscellaneous Costs	Pay	Rate	Meals #	Total
\$ _____ per night	\$ _____ Gas/Parking/ Shuttle/Taxi		Breakfast	x	\$ _____
\$ _____ tax per night	\$ _____ Registration Fee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lunch	x	\$ _____
\$ _____ total per night	\$ _____ Bus/ Rental Car	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dinner	x	\$ _____
X _____ # of nights	\$ _____ Airfare	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	\$ _____ Personal Car Mileage				
	\$ _____ Emergency	Yes <input type="checkbox"/> No <input type="checkbox"/>			
TOTAL					
\$ _____	\$ _____				\$ _____

MOTOR POOL CERTIFICATION		
VEHICLE AVAILABLE: YES <input type="checkbox"/> NO <input type="checkbox"/>	MOTOR POOL SUPERVISOR:	DATE:

	INDEX/ORG	ACCOUNT CODE	ESTIMATED COST
Lodging			\$ _____
Miscellaneous			\$ _____
Meals			\$ _____
Airfare			\$ _____
Registration Fee			\$ _____
Personal Car Mileage			\$ _____

Travel Advance Required: YES NO If yes, attach Travel Advance Form (See University Travel Policy for Regulations)

TOTAL FUNDS REQUESTED	\$ _____
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APPROVALS

I certify that this trip is necessary and essential to the normal discharge of SCSU responsibilities; that required monies are budgeted and allotted for expenditure; that the trip meets all the requirements mandated by SC Budget and Control Board and SCSU policy.

Requestor: _____ Date _____

Division Vice President: _____ Date _____

Grant Approval (if applicable) _____ Date _____

Finance Approval

Date
