

REQUEST FOR TRAVEL AUTHORIZATION

TA # _____
(Business Office Use Only)

Submit this approved form to the Business Office **BEFORE** travel begins in accordance with University Policy 658, Travel. The Business Office will return a copy to the activity or Department to the E-mail addresses specified below. **Please reference your TA# assigned by the Business Office on your claim for Travel Expenses form.**

Name:	<input type="text"/>	MTSU ID M#	<input type="text"/>	Date of Request:	<input type="text"/>	
Department:	<input type="text"/>	Position Type:	<input type="text"/>	Phone Number:	<input type="text"/>	
Destination:	<input type="text"/>		Departure Date:	<input type="text"/>	Return Date:	<input type="text"/>
Travel Reason:	<input type="text"/>					

ESTIMATE OF EXPENSES				University Paid	Reimbursable
Registration Fee:	<small>(If University to pay, please attach completed registration form and mailing instructions)</small>	Payment Method:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation:	<input type="text"/> Get Mileage	Miles:	<input type="text"/>		<input type="text"/>
Airfare: (If Univ. paid, specify travel agency)	Travel Agent:		Payment Method:	<input type="text"/>	<input type="text"/>
Lodging:	<small>If conference, workshop, or seminar, please attach related brochure documenting hotel rates to your "Claim for Travel Expenses"</small>	# Rooms:	<input type="text"/>		<input type="text"/>
		# Nights:	<input type="text"/>		<input type="text"/>
		Lodging Rate:	<input type="text"/>		<input type="text"/>
Meals:	# Travellers:	<input type="text"/>	Travel Days:	<input type="text"/>	<input type="text"/>
	Non-Travel Days:	<input type="text"/>	See CONUS rates at gsa.gov.	Per Diem:	<input type="text"/>
			Daily Rate:	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>		Payment Method:	<input type="text"/>	<input type="text"/>

AMOUNT APPROVED IF LESS THAN TOTAL ESTIMATE OF TRAVEL EXPENSES: <input type="text"/>	TOTAL ESTIMATED TRAVEL EXPENSES: <input type="text"/>
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Signature of Traveler (Must be original) _____	(Date)	Index	Account	Amount
		<input type="text"/>	<input type="text"/>	<input type="text"/>
Department Head _____	(Date)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dean, Vice President, or President (as required) _____	(Date)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel Authorization will be sent to the following E-mail addresses listed (separated by commas):			Total Amount:	
<input type="text"/>			<input type="text"/>	
Name on PCard:			<input type="text"/>	

Advance Request (International/Group Travel Only)	
Employee By signature above, I hereby authorize the amount of this advance to be deducted from my next salary payment if a Claim for Travel Expense has not been submitted within 30 days of return or by June 30th.	Amount Requested: <input type="text"/>
Student By signature above, I hereby authorize MTSU to encumber my records for any temporary travel advances whereby not allowing me access to my grades or to register for upcoming semester classes if I fail to submit a travel claim for the trip or refund the University for the advance received.	Date Needed: <input type="text"/>