

AUBURN MONTGOMERY

REQUEST FOR AUTHORITY TO TRAVEL

Authority is requested to travel and/or incur expenses in performance of official duties for the purpose and conditions below:

Traveler _____ Title _____ Organization _____

If team travel or if multiple travelers are covered by this authority, list each traveler:

1. Nature and purpose of travel request (Attach notice of conference, workshop, etc ... if applicable)

2. Itinerary _____

3. Time/Date Travel Begins _____ Ends _____

4. Time/Date Meeting Begins _____ Ends _____

5. Estimated Costs:

Subsistence In-State _____ # of days _____ amount per day _____
 Out-Of-State (Actual meals not to exceed _____ amt. per day) _____
 Out-Of-State (Actual Hotel Costs) _____

Transportation Tourist Class Airfare _____
 (Select Payment Method) _____

Train Fare _____
 Mileage _____ # of miles _____ amount per mile _____

Official Car _____

Rental Vehicle / Taxi _____

Other Baggage Handling _____

Honorarium (Requires Dean's Approval) _____

Prospective Employee _____

6. Registration Fee * (Select Payment Method) _____

* Includes _____ Breakfast _____ Lunch _____ Dinner _____

(Indicate the Number of Meals Registration Fee Includes)

NOTE: Professional Membership Requires a MEMO explaining the benefit to the University

7. Miscellaneous Expenses _____

8. **TOTAL ESTIMATED COSTS** _____

Reimbursement Limited to: _____

9. Remarks _____

10.	Organization Name	Fund	Org	Prog	Activity
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Authorized Signature _____
 Dean or Director

Authorized Signature _____
 Dean or Director

Authorized Signature _____
 Dean or Director

Authorized Signature _____
 Dean or Director

Authorized Signature _____
 Dean of Director

Authorized Signature _____