Northwestern State University of Louisiana

REQUEST FOR AUTHORIZED TRAVEL

Must be completed prior to each trip

Trip Information:

Date of Request: _____ Budget Unit Title: _____ Budget Unit Index: _____

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Destination: _____ Official Domicile: _____

Purpose of Trip/Travel: _____

Type of Authorization: ◯ Trip ◯ Other (Specify) _____

Mode of Travel: ☐ Personal Vehicle ☐ Rental Vehicle ☐ University Vehicle ☐ Plane ☐ Other

Personal Reimbursement: ◯ Yes ◯ No **Cash Advance**: ◯ Yes ◯ No **CBA**: ◯ Yes ◯ No

Requesting Travel Status:

Print Name and Title of Traveler	Signature	CWID
Traveler 1	Signature 1	CWID 1
Traveler 2	Signature 2	CWID 2
Traveler 3	Signature 3	CWID 3
Traveler 4	Signature 4	CWID 4
Traveler 5	Signature 5	CWID 5

Attachment for additional travelers: ◯ Yes ◯ No

Estimate of Expenses:

Mileage or Estimated Fare _____ Miles @ _____ $ _____

Lodging Nightly Rate _____ # of Nights _____ $ _____

Total Meals $ _____

Registration Fee $ _____

Airfare $ _____

Other Reimbursable Items $ _____

Total Estimated Expense Requested $ _____

Approvals:

Budget Unit Head – Date	Approving Agent - Date	Additional Approver *(if required)* - Date