

Northwestern State University of Louisiana
REQUEST FOR AUTHORIZED TRAVEL

Must be completed *prior to each trip*

 Date of Request

 Budget Unit Title

 Budget Unit Index

 Account Code

Departure:

Date _____ Time _____

Destination:

Return:

Date _____ Time _____

Official Station/Domicile:

Type of Authorization:

- Trip
 Other: Specify _____

Mode of Travel:

- Personal Vehicle Plane Vehicle Rentals
 University Vehicle Other: Specify _____

Requesting Travel Status and Personal Reimbursement - List Faculty/Staff and/or Students: (Use attachment if necessary)

 Print Name & Title of Traveler

 Signature

 Vendor/CWID #

 Print Name & Title of Traveler

 Signature

 Vendor/CWID #

 Print Name & Title of Traveler

 Signature

 Vendor/CWID #

 Print Name & Title of Traveler

 Signature

 Vendor/CWID #

 Print Name & Title of Traveler

 Signature

 Vendor/CWID #

Requesting Travel Status with No Personal Reimbursement - List Faculty/Staff and/or Students: (For Insurance Purposes Only)

Name

CWID

Name

CWID

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Purpose of Trip / Travel: (Use attachment if necessary)

Estimate of Expenses:

Mileage or Estimated Fare.....	_____ Miles @ _____	\$ _____
Lodging – Number of Nights.....	_____ @ _____	\$ _____
Meal – Number of Days		\$ _____
Registration Fee.....		\$ _____
Airfare		\$ _____
Other Reimbursable Items		\$ _____
Total Estimated Expenses Requested		\$ _____

Attach Travel Advance Agreement or CBA Request Form: (if applicable)

Advance Request: Yes Amount \$ _____ CBA Request: Yes

 Budget Unit Head

 Date

 Approving Agent

 Date

 President/Vice President

 Date