



**AUGUSTA STATE UNIVERSITY  
TRAVEL AUTHORIZATION FORM**

Peoplesoft Requisition Number

Please complete the sections highlighted in yellow.

<b>TRAVEL BEGINNING DATE:</b>		<b>TRAVEL ENDING DATE:</b>		<b>ESTIMATED EXPENSES</b>			
<b>CHECK BOX FOR INSURANCE PURPOSE ONLY:</b>							
Date	Daily Itinerary	Address While Away	Nature of Business	Method of Travel	Travel	Meals	Lodging

<p align="center"><b>For Business Office Use</b> <b>(PO and Voucher Processing Status)</b></p> <p>REGISTRATION: <input type="checkbox"/>      LODGING: <input type="checkbox"/></p> <p>FINAL REIMBURSEMENT: <input type="checkbox"/>      AIRFARE: <input type="checkbox"/></p>	<b>Travel, Meals, and Lodging:</b>	<b>Sub Total:</b>	
	<b>Registration Expenses:</b>	<b>Sub Total:</b>	
	<b>Miscellaneous Expenses:</b>	<b>Sub Total:</b>	
	<b>TOTAL - ESTIMATED EXPENSES:</b>	<b>TOTAL:</b>	

**PAYMENT OPTIONS:** **(PLEASE CHECK THE APPROVED PAYMENT OPTIONS.)**

<b>REGISTRATION (Account 727110)</b>	<b>LODGING (Account 641140)</b>	<b>AIRFARE (Account 641120)</b>
<input type="checkbox"/> Reimbursement to Employee	<input type="checkbox"/> Pre Paid to Vendor (ASU Check) (Attach Confirmation)	<input type="checkbox"/> Pre Paid to Vendor (ASU Check) (Attach Confirmation)
<input type="checkbox"/> P-Card Payment	<input type="checkbox"/> Reimbursement to Employee	<input type="checkbox"/> Reimbursement to Employee
<input type="checkbox"/> Pre paid Registration to vendor listed below (ASU Check) (Attach Supporting Documentation)		

Vendor Name:  Vendor ID:

Vendor Address:

Vendor Name:  Vendor ID:

Vendor Address:

Check Standing Travel Authorization and/or High Cost Area When Applicable.

:STANDING TRAVEL AUTHORIZATION      FISCAL YEAR:        :HIGH COST AREA

**LIST THE DEPARTMENT TO BE CHARGED BELOW:**

FUND:       DEPT ID:       PROGRAM:       CLASS:       PROJECT/GRANT:

(Note: If you have questions concerning the appropriate account chart fields, please contact the Business Office at 706 737-1767.)

Submitted By:       Employee ID:       Date:

Approved By:       Date:   
*Department Head*

Approved By:       Date:   
*Administrator in Charge*