



Shawnee State

UNIVERSITY

AUTHORIZATION FOR TRAVEL

CHECK ONE: ☐ Blanket Same Day Travel
☐ Same Day Travel
☐ Overnight Travel

T#: _____
(Finance Office Use)

This form, including necessary approvals, must be completed prior to travel.

Originating City

Date

I hereby request authority for travel on official business for Shawnee State University to the destinations, on the dates, and for the purposes indicated below:

DATES

PURPOSE OF TRIP

CITY & STATE

HOTEL & ADDRESS

REIMBURSABLE TO TRAVELER		ESTIMATED COSTS		NON-REIMBURSABLE TO TRAVELER	
Lodging	\$ _____	Transport:			
Meals	_____	Plane		\$ _____	
Parking	_____	Registration Fee		_____	
Limo/Cab	_____	Other (must be itemized)		_____	
Auto Mileage (# of miles _____)	_____			_____	
Other (must be itemized)	_____	Total Non-Reimbursable		\$ _____	
_____	_____	Total Reimbursable		\$ _____	
_____	_____	Total Non-Reimbursable		_____	
_____	_____	GRAND TOTAL		\$ _____	
Total Reimbursable	\$ _____				

Note: Request for travel advance ☐ Yes ☐ No
90% of reimbursable costs.

RESTRICTED ACCOUNTS: Specific authorization has been obtained from the sponsor for this travel: ☐ Yes ☐ No

Accompanied by _____
Name and department of other University personnel, if any

TRAVEL BY:	RAIL <input type="checkbox"/>	BUS <input type="checkbox"/>	AIRPLANE <input type="checkbox"/>	AUTOMOBILE			OTHER:
				SSU <input type="checkbox"/>	RENTED <input type="checkbox"/>	PRIVATE <input type="checkbox"/>	

Each means of conveyance indicated has been determined to be advantageous to the University. When common carrier is not used and the description of travel does not reflect the advantage of the conveyance used, explanation should be shown in travel voucher.

Signature
Approvals (of purpose, reasonableness of costs & availability of funds)

Name _____
Title _____
Account Number _____

Dean/Chair

Provost/Vice President/President

Controller

Date

Date

Date