

Travel Approval for Non-State Employee

Southeastern Louisiana University approves travel reimbursement for reasonable travel related expenses subject to the guidelines of the State's Travel Regulations (PPM49) for _____(name of traveler), who is traveling for the University on the following dates, _____ to _____, for the purpose of _____.

This approval is granted solely for the purpose of allowing the University to reimburse the traveler for allowable expenses and does not, in any way, impute responsibility or liability on the part of the University for any loss or claim which may arise out of this travel.

By signing below, the traveler acknowledges his/her understanding of the purpose of this document as stated above and further acknowledges that the University accepts no responsibility or liability for any loss or claim which may arise out of this travel.

Cost Center _____ SLU Box# _____

Cost Center Contact _____ Phone # _____

Cost Center Contact Email: _____ SA# _____

***For candidate travel, enter the interviewing department's information above.**

Traveler's Name

Traveler's Signature

Date Signed

Vice President for Administration
and Finance's Signature

Date Signed