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.

Budget Unit # __________ Budget Unit Description ________________________________

Budget Unit Contact _______________________ Phone # ________________

Email ________________________________ TA# ______________________

Traveler’s Signature __________________________ Date Signed __________

Vice President for Administration and Finance’s Signature __________________________ Date Signed __________