Department of Educational Leadership & Technology Travel Authorization Request *

B.U. #	Exp. Code	Amt. \$	Office Use Only: T.A. #
(EL&T Budget code is 4			
After you have entered amounts for each category, the total amount for expenses can be calculated			
		<mark>80.00 and press F9</mark> on ye	
(If you al	ter any category amount, you	u must highlight and press F	9 again to recalculate the total.)
Name		W#:	
Conference Dates			
From Date		Time	AM/PM
To Date		Time	AM/PM
Travel Dates			
From Date		Time	AM/PM
To Date		Time	AM/PM
Are you requesting permission to travel on a weekend or a holiday? Yes/No			
Destination (City, S	tate)		
Purpose of Trip			
Transportation Exp Description		Aveign this con	Amount
Car, Personal		cription , Rental	AHOUBE
@ 58¢ per mile.		complete vehicle rental request for	m
***Mileage **:		r	
Air (Short's	Bus	}	
Travel)			
Parking	Shu	ttle	
Taxi	Oth	er	
Description	Amoun		
Meals **			
Lodging **			
Luggage (tips) \$5.0	0		
Registration Fee			
Miscellaneous-Plea	ase describe:		Amount
Misc. – Airline lugg			
Misc. –			
Misc. –			
TOTAL EXPENSE	S ***		\$ 0:00
* Travel Regulations	3		
http://doa.louisiana.g	gov/osp/travel/travelpoli	icy.htm	
	edu/admin/controller/faculty		
SCC IVICAIS & LOU	ging Reimbursement A	nowance	
Requested By:			Date
requested by.			
		_	\$0.00
Department Head Signature	gnature (Required)		Date Approved Amount 4860

Travel Authorizations are to be turned in two (2) weeks prior to travel date.

http://www.selu.edu/admin/controller/facultystaff/forms/travel_adv_req_final.pdf (Advance agreement)