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Virginia Commonwealth University

REQUEST FOR TRAVEL AUTHORIZATION

University #236

Depart. Control Ref. (8 pos. Max)

Part A --- General Information

Date	Department	Traveler Phone	☐ Yes Travel outside 48 contiguous States ☐ No
Traveler Name	V#	Dept.PO Box	☐ Yes ☐ No Is Personal Travel included in this trip? If to a foreign country ** Attach Foreign Certification Form

Traveler Title	Give Destination and explain purpose for trip

Check Reason for Travel:
- ☐ State Business
- ☐ Conference/Convent
- ☐ Research
- ☐ Staff Training/Dev
- ☐ Student Teaching
- ☐ Other

Method of Travel
- ☐ Airline
- ☐ Rail
- ☐ State Vehicle
- ☐ Private Vehicle
- ☐ Other

Clear Above | **Part B --- Travel Description** | Clear Below

DEPARTURE CITY	DATE	TIME		ARRIVAL CITY	DATE	TIME		ESTIMATED COST
			☐ A.M. ☐ P.M.				☐ A.M. ☐ P.M.	
			☐ A.M. ☐ P.M.				☐ A.M. ☐ P.M.	

HOTEL	Name	Dates of Stay		Number of Nights	x	Amount	0.00
CAR RENTAL	Company	Dates of Stay		Total Number of Days	x	Amount	0.00
MEALS							
☐ Ground Transportation at Destination		Private Vehicle	miles x	0.55	Rate/Mile		0.00
			miles x	0.246	Rate/Mile		0.00
Other (Registration, Parking Etc.)							
				Total Estimated Cost of Travel			0.00
				Total Reimbursement by Department			

Source of Funds:
- State (including Grants) _____ Amount $ _____
- Non-State _____ Amount $ _____
- Other (Specify) _____ Amount $ _____

Part C --- Department Certification

TRAVEL ADVANCE REQUEST & REPAYMENT AGREEMENT

THIS SECTION FOR USE BY UNIVERSITY EMPLOYEES ONLY. APPROVAL SIGNATURES AS REQUIRED BY UNIVERSITY POLICY

I request a TRAVEL ADVANCE in the amount of $ _____ . Airfare must not be included in the travel advance. TRAVEL ADVANCES are issued FIVE (5) DAYS PRIOR TO DEPARTURE TIME with repayment THIRTY (30) DAYS FROM DATE ISSUED. I AUTHORIZE the UNIVERSITY to DEDUCT this ADVANCE from my paycheck, if I fail to return my advance within THIRTY (30) DAYS OF THE RETURN from my Trip.

Signature of Traveler _____ Date _____

TRAVELER'S RESPONSIBILITIES

I certify that the charges to be made are reasonable, will be in accordance with State Travel Regulations, and will be limited to those required in an official capacity.

SIGNATURE OF TRAVELER	PRINTED NAME	DATE
DEPT. HEAD/DIVISION CHRMN./PI	PRINTED NAME	DATE
DEAN / DESIGNEE OF SCHOOL	PRINTED NAME	DATE
VICE PRES./PRESIDENT (IF APPLIC.)	PRINTED NAME	DATE