



REQUEST FOR AUTHORIZATION TO TRAVEL

AS292

Traveler					
LSUID	Type of Employee		<input type="checkbox"/> Employee	<input type="checkbox"/> Student	
Department					
Contact					
Ext	Fax	E-mail			
Destination					
Departure Date	Return Date				
Purpose					

Travel Estimate (See PM-13 for Allowed Rates)

Estimate	Expense	Qty	Request	Special Approval Requested	Approval
	Mileage (.44/mile)	_____ miles		N/A	
	Vehicle Rental*	_____ days			
	Lodging	_____ days		<input type="checkbox"/> Reimbursement up to 25% in excess of maximum otherwise allowed <input type="checkbox"/> Reimbursement up to 75% in excess of maximum otherwise allowed for the Baton Rouge, New Orleans & NO surrounding parishes, Lake Charles & Lake Charles surrounding parishes.	
	Meals	_____ days		<input type="checkbox"/> Actual expense reimbursement for meals not designated as part of conference <input type="checkbox"/> Reimbursement up to 25% in excess of maximum otherwise allowed	
	Air Fare			N/A	
	Registration			N/A	
	Other Allowable			N/A	

* Note: The cost of Collision Damage Waiver (DCW) and Personal Accident Insurance (PAI) are not reimbursable expenses. In the event of an accident, the traveler should pay the deductible and claim reimbursement on an AS300, "Travel Employee Reimbursement Request".

Other

	Graduate/Medical Students being recruited	
	Foreign Travel – all travel outside the 50 U.S., District of Columbia, Puerto Rico, and the U.S. Virgin Islands Were U.S. Dept of State reimb rates requested?	
	Extension of Temporary Assignment beyond 30 Days	
	Other	

APPROVALS	Signature	Printed Name	Date
Traveler			
Department Head			
Dean/Director			
Vice Chancellor			
Provost			
Associate Vice Chancellor			