

# INDIVIDUAL TRAVEL AUTHORIZATION REQUEST FORM

Fill in form electronically, print, obtain all required signatures, and submit hard copy to the Comptroller's Office (Accounts Payable). Electronic submissions are accepted via Box or email (princess.ritchie@aamu.edu or accounts.payable@aamu.edu). Supporting documentation for each amount in the Expense Summary section must be attached when submitted.

## SECTION I: TRAVELER INFORMATION

Name: \_\_\_\_\_ ID# A | | | | | | | | Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION II: ENCUMBRANCE INFORMATION

Encumbrance No: | | | | | | | | FOAP No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Contact Name for Questions about this Encumbrance: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Contact Phone Extension: \_\_\_\_\_

## SECTION III: TRIP INFORMATION

Where are you traveling (city, state, country)? \_\_\_\_\_  
Why are you traveling? \_\_\_\_\_  
Departure Date (mm/dd/yyyy) \_\_\_\_\_ Departure Time \_\_\_\_\_ **AM or PM must be entered.** Total Travel Days: \_\_\_\_\_  
Return Date (mm/dd/yyyy) \_\_\_\_\_ Return Time \_\_\_\_\_  
Does this trip require prepaid registration?  YES  NO Vendor ID: \_\_\_\_\_ Registration Fee: \_\_\_\_\_

## SECTION IV: TRANSPORTATION *(Airfare-in-lieu of Mileage rule applies. See section III. F. ii. b. of the Travel Policy.)*

How will you travel to your destination? \_\_\_\_\_  
What are the total miles, roundtrip? \_\_\_\_\_ Total Transportation: \_\_\_\_\_

## SECTION V: MEALS

Select travel destination: *In-state* *Out-of-state or Dues Paying Member* *Both*

## SECTION VI: LODGING

Hotel Name: \_\_\_\_\_ Vendor ID: \_\_\_\_\_  
How many nights? \_\_\_\_\_ x Cost per night (including taxes): \_\_\_\_\_

## SECTION VII: MISCELLANEOUS EXPENSES

Taxi/Shuttle/Subway: \_\_\_\_\_ Parking: \_\_\_\_\_ Baggage Fees: \_\_\_\_\_ Gas: \_\_\_\_\_  
(rental/univ vehicle only)  
Other (enter description): \_\_\_\_\_ Amount: \_\_\_\_\_

## EXPENSE SUMMARY

Registration Fee \_\_\_\_\_  
Transportation \_\_\_\_\_  
Meals \_\_\_\_\_  
Lodging \_\_\_\_\_  
Miscellaneous \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

## REQUIRED SIGNATURES

\_\_\_\_\_  
Traveler's Signature Date

Check here if an advance

\_\_\_\_\_  
Approved by - Department Head Signature Date

is requested: \_\_\_\_\_

\_\_\_\_\_  
Approved by - Dean/Director Signature Date

*(Restrictions apply. Amount requested may not be amount disbursed. See Travel Policy for details.)*

\_\_\_\_\_  
Approved by - Other Signature Date