

**REQUEST FOR AUTHORITY TO TRAVEL  
ON OFFICIAL UNIVERSITY BUSINESS**

Traveler's Name \_\_\_\_\_ P.O. Box \_\_\_\_\_ Department \_\_\_\_\_

Employee ID \_\_\_\_\_ Date of Trip \_\_\_\_\_

Purpose of Trip and  
Points to be Visited \_\_\_\_\_  
\_\_\_\_\_

Car Rental  
Explanation \_\_\_\_\_  
\_\_\_\_\_

DEPARTMENTAL CHART OF ACCOUNTS			
SPEEDCHART (5 Digits)	ACCOUNT (6 Digits)	PROJECT, if applicable (3-10 Digits)	AMOUNT
<b>TOTAL</b>			

ESTIMATED COST	
CAR RENTAL (Please explain above)	
AUTOMOBILE	
COMMON CARRIER	
LODGING	
MEALS	
REGISTRATION FEES	
<b>TOTAL ESTIMATED</b>	

<p>PARTIAL PAYMENT APPROVAL</p> <p>_____ is the maximum amount the department will reimburse the traveler.</p> <p>AGREED _____</p> <p align="center">(Signature of Traveler)</p>
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<p>TRAVEL REQUEST [ ] APPROVED [ ] DENIED</p> <p>Reason For Denial:    Insufficient Funds [ ]</p> <p>                                  Incorrect Acct. No. [ ]</p> <p>                                  Unauthorized Signature [ ]</p> <p>                                  Other _____ [ ]</p> <p>Date _____</p> <p>Signed _____</p>
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TRAVELER: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT CHAIR/HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

DEAN/DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

VICE-PRESIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRESIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

(President's signature required if out of country)

**Prepare Travel Request in Duplicate and submit to the Accounting**

Georgia Southern University travel regulations state that a traveler must submit a copy of this approved Travel Request with his/her expense statement when requesting reimbursement. Request for out-of-state travel must be submitted to the Accounting Office fifteen (15) days prior to the trip.