

**OUT OF STATE TRAVEL AUTHORIZATION / REQUISITION**

A copy of this form should be kept in your office files upon approval by the appropriate university officials.

Name: \_\_\_\_\_ Banner ID#: @ \_\_\_\_\_

Department: \_\_\_\_\_

Dates requested for Travel/Leave:

**FROM** \_\_\_\_\_ **ON** \_\_\_\_\_ **TO** \_\_\_\_\_ **ON** \_\_\_\_\_  
Time Date Time Date

State Reason: (Specify name, location-including city and state, and purpose of trip and attach copy of materials)  
 If Applicable, attach explanation for class coverage or make up of instructional time.

The person traveling is responsible for submitting a travel expense report immediately upon return to Fitchburg State.

**NO REIMBURSEMENT** will be made without applicable receipts, with the exception of meal allowances.

I will Travel:  only if funds are available.  at my own expense if funds are not available.  without charging the university.

Means of Travel		
	Reimbursed	P-Card
Airplane		
Train		
Bus		
Private Auto Total Miles		
X 0.655 =		N/A
<b>TOTAL</b> Means of Travel		

Room and Meals				
	Number of	Price per	Reimbursed	P-Card
Room Nights to be Reimbursed:		@		—
Room Nights on P-Card:		@	—	
Breakfasts:		@ \$ 7.50 ea.		N/A
Lunches:		@ \$12.50 ea.		N/A
Dinners:		@ \$22.00 ea.		N/A
<b>TOTAL Room &amp; Meals</b>				
<b>TOTAL Means of Travel</b>				
Conference Fees (attach details)				
Other (attach details)				
<b>Totals per Payment Method</b>				
<b>TOTAL Estimated Travel Expenses</b>				
<b>TOTAL to be REIMBURSED</b>				

FOAPAL For Reimbursed Funds					
Fund	Orgn	Acct	Prog	Actv	Amount Approved

FOAPAL For P-Card					
Fund	Orgn	Acct	Prog	Actv	Amount Approved

**Signature & Approval**

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director / Chair / Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Travel Expenses are:  Approved  Not Approved Reason: \_\_\_\_\_

REQ #: \_\_\_\_\_ Entered by: \_\_\_\_\_

Date: \_\_\_\_\_