Instructions: Travel Authorization Request Form - Group Travel

When a field is active on the form, it will be highlighted in yellow. The form begins on page 5.

Description/Instructions	Section I: Traveler Information						
Enter the first and last name of the traveler.	Field	Description/Instructions					
Inter the traveler's University assigned ID number. Must be 9 characters. (i.e. A00123456) Inter the traveler's object. Inter the traveler's department. Inter the traveler's department. Internation Internation Rection III. Encumbrance Information Rection III. Internation III. Internation III. Internation III. Internation Rection III. I	Name						
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field. If personal vehicle is selected, the current state reimbursement rate will appear							
	Total Transportation	and this field will be calculated for you.					

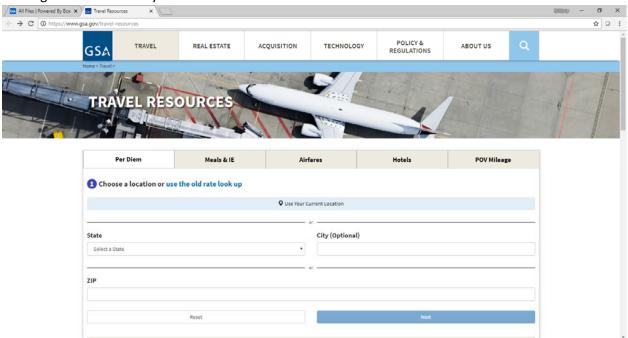
Instructions: Travel Authorization Request Form - Group Travel

When a field is active on the form, it will be highlighted in yellow. The form begins on page 5.

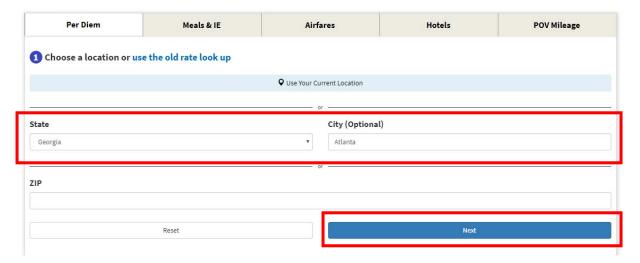
Section V: Meals				
Field	Description/Instructions			
riola	This section is separated for in-state and out-of-state travel. The Meals & Incidentals			
	Calculation Sheet must be attached for meal expenses requested in this section. If			
	traveling out-of-state, you must click the GSA link provided and attach the Meals & IE			
Section Note	tabs for each travel location.			
If NOT traveling overnight, how	last is dasi autoriosalism			
long is your stay?	Select the length of your stay from the dropdown box if you are not staying overnight.			
	Enter the cost of meals for one student, for one day. The total will be calculated for you			
Daily Student Meal Cost	based on the number of students and the total travel days from section III.			
	Enter the cost of meals for one non-student traveler, for one day. The total will be			
	calculated for you based on the number of non-students and the total travel days from			
Daily Non-student Meal Cost	section III.			
Section VI: Lodging				
Field	Description/Instructions			
Vendor Name	Enter the name of the vendor that will be used for lodging.			
	Enter the ID (A number) of the vendor that will be used for lodging. If the vendor is new,			
Vendor ID	contact the Purchasing department to request a vendor ID.			
How many rooms?	Enter the number of rooms that will be reserved.			
	This is a read-only field that will calculate the number of nights, based on the travel			
	dates entered in section III. If this field has a negative number, please enter travel dates			
How many nights?	in section III.			
	Enter the estimated cost per room, per night, including taxes. If the rate changes based			
Cost per night	on the day, enter and average amount or the highest rate.			
Section VII: Miscellaneous Expen				
Field	Description/Instructions			
Taxi/Shuttle/Subway	Enter any estimated expenses related to taxi, shuttle, or subway usage.			
Parking	Enter any estimated parking expenses.			
Baggage Fees	Enter any estimated baggage fees.			
	Enter any etimated gas expenses. Gas may only be claimed as an expense if the mode			
Gas (rental/univ vehicle only)	of transporation is rental or university vehicle.			
Other	Enter any other estimated expenses. Use this section to enter a description.			
Amount	Enter the amount for "other" expenses.			
Other Sections				
Expense Summary	This section will calculate each expense item described.			
Travel Advance	Check this checkbox if you are requesting an advance for your travels.			
	Traveler and Department Head are required on all requests. Other signature			
Required Signatures	requirements will vary based on department protocol.			

GSA Per Diem Lookup Instructions

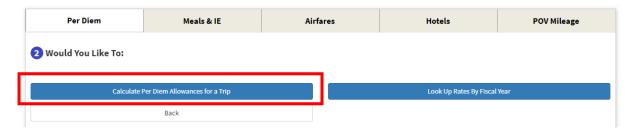
1. Clicking the link will take you here.

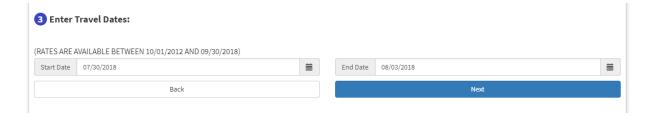


2. Select your destination state. Enter a destination city. Click Next.

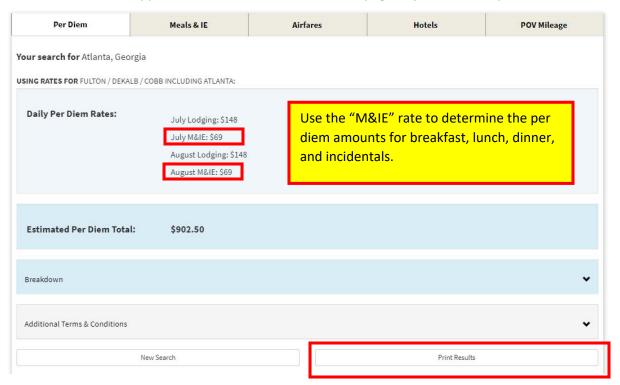


3. Click Calculate Per Diem Allowances for a Trip. Enter your travel dates. Click Next.





4. The Per Diem tab will appear. Click Print Results. Attach this page to your travel request.



5. Click the **Meals & IE** tab. Using the M&IE amount from step 4, enter the breakfast, lunch, dinner, and IE rates on your travel request.





ALABAMA A&M UNIVERSITY Comptroller's Office | Patton Building Room 105 GROUP 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 INFOR Name:		ID# A		Title:				
Department:	ID# A 							
SECTION II: ENCUMBRANCI Encumbrance No:	FOAP No							
Contact Name for Questions	FOAP No about this Encumbra	ince:			⁻			
Contact Email:			ontact Phone	Extension:				
Where are you traveling (city Why are you traveling?								
Return Date (mm/dd/yyyy) No. of student travelers: Does this trip require prepaid	Return Time + No.	of non-student	<i>be entered</i> travelers:	<i>d.</i> = To	vel Days: otal Travelers: tration Fee:			
SECTION IV: TRANSPORTATION How will you travel to your de What are the total miles, round the second	stination?	of Mileage rule a		oction III. F. ii. b. oi Total Transport				
If NOT traveling overnight, hor Enter the meal costs per personally Student Meal Cost: Daily Student Meal Cost: Daily Non-student Meal Cost: SECTION VI: LODGING Hotel Name: How many rooms? SECTION VII: MISCELLANEC Taxi/Shuttle/Subway: Other (enter description):	w long is your stay? on. x No. of stue x No. of NC How many nigh	dent travelers ON student travele	ers x Total Tra Ver Cost per ni	Days = Total Mavel Days = Total andor ID: ght (including ta:	xes): Gas:			
Registration Fee Transportation Meals Lodging Miscellaneous	REQUIRED SIGNA	TURES						
TOTAL	Traveler's Signature	Э			Date			
Check here if an advance	Approved by D	o o stano o set lle e el	Clanative		Data			
is requested: (Restrictions apply. Amount	Approved by - De		J		Date			
requested may not be amount disbursed. See Travel Policy for details.)	Approved by - Dea	, and the second	nature		Date			
•••	Approved by - Oth	ner Signature			Date			