

## 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 I: Traveler Information	
Field	Description/Instructions
Name	Enter the first and last name of the traveler.
ID#	Enter the traveler's University assigned ID number. Must be 9 characters. (i.e. A00123456)
Title	Enter the traveler's job title.
Department	Enter the traveler's department.
Email	Enter the traveler's email address.
Section II: Encumbrance Information	
Field	Description/Instructions
Encumbrance No.	Enter the encumbrance number from Banner. Must be 8 characters. (i.e. E0012345) <b>You must complete this form first, enter the encumbrance in Banner, then add the encumbrance number on this form.</b>
FOAP No.	Enter the fund, org, account, and program codes used on the encumbrance. An additional FOAP section is provided in case the encumbrance was allocated to two FOAPs. <i>Reference the Travel Account Code Cheat Sheet for assistance.</i>
Contact Name for Questions about this Encumbrance	Enter a first and last name
Contact Email	Enter the email address for the person listed in the last field.
Contact Phone Extension	Enter a 4 digit phone on-campus phone extension.
Section III: Trip Information	
Field	Description/Instructions
Where are you traveling?	Enter the city and state of your destination. If traveling outside the country, indicate the country name as well.
Why are you traveling?	Enter the purpose of your travel request. Include the name of the event, or, if an athletics event, indicate the opposing team, sport, and game time.
Departure Date	Enter the date your travels will begin. Use format MM/DD/YYYY.
Departure Time	Enter the estimated time of day your travels will begin. AM or PM must be entered.
Return Date	Enter the date your travels will end. Use format MM/DD/YYYY.
Return Time	Enter the estimated time of day you will return from the trip. AM or PM must be entered.
Total Travel Days	This is a calculated field that will indicate how many days you are traveling. You cannot enter text in this field.
No. of student travelers	Enter the number of students traveling with you.
No. of non-student travelers	Enter the number of non-students traveling with you. Include yourself in this number.
Total Travelers	This is a read-only field that will calculate the total number of travelers.
Prepaid Registration?	Check YES if you need Accounts Payable to prepay your registration fees. Check NO if this service is not required.
Vendor ID	If you checked YES to the last question, enter the vendor ID (A number) of the vendor. If the vendor is new, contact the Purchasing department to request a vendor ID.
Registration Fee	Enter the amount of the registration fee.
Section IV: Transportation	
Field	Description/Instructions
Section Note	This section has pop-up boxes that will appear depending on your selection for your mode of transportation.
How will you travel to your destination?	Select your mode of transportation from the dropdown list of options. If airfare, train, or rental vehicle are chosen, enter the amount in the Total Transportation field. If Personal Vehicle is selected, enter the total miles roundtrip in the designated field. The current state reimbursement rate will appear and the Total Transportation field will be calculated and you will not be able to enter text in that field.
What are the total miles, roundtrip?	If you selected Personal Vehicle as your mode of transportation, enter the total miles, roundtrip.
State Reimb Rate	This is a read-only field that will only appear if Personal Vehicle is selected.
Total Transportation	If you selected airfare, train, rental vehicle, BTS bus, or other, enter the amount in this field. If personal vehicle is selected, the current state reimbursement rate will appear and this field will be calculated for you.

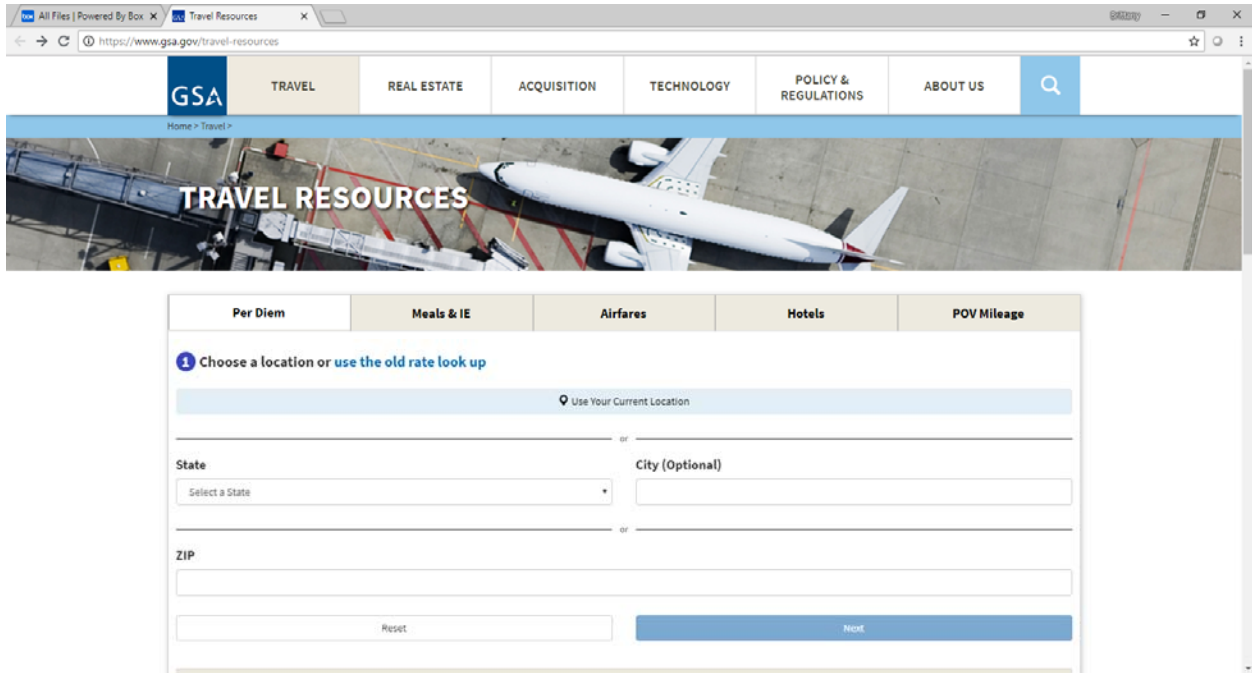
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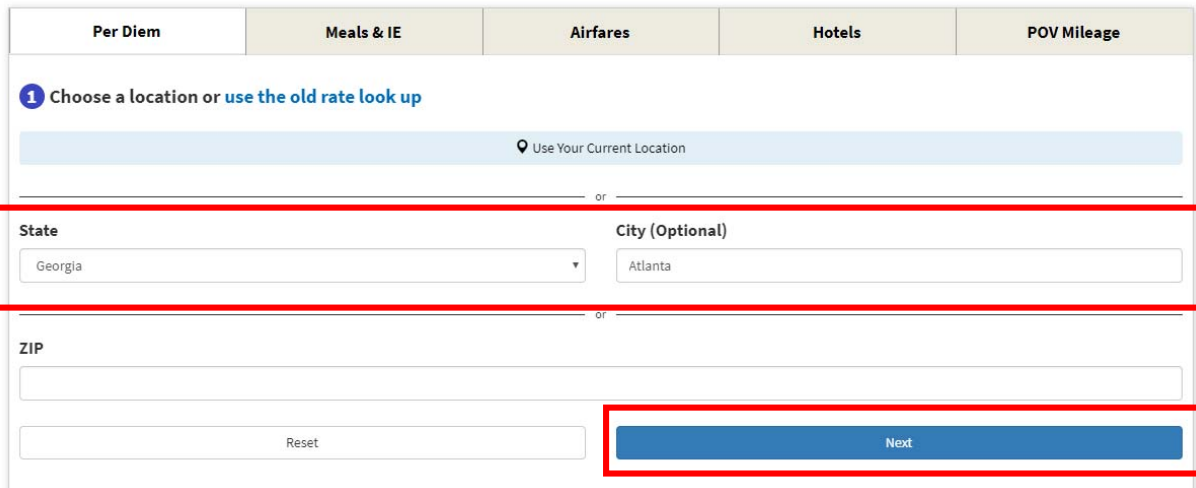
Section V: Meals	
Field	Description/Instructions
Section Note	This section is separated for in-state and out-of-state travel. The Meals & Incidentals Calculation Sheet must be attached for meal expenses requested in this section. If traveling out-of-state, you must click the GSA link provided and attach the Meals & IE tabs for each travel location.
If NOT traveling overnight, how long is your stay?	Select the length of your stay from the dropdown box if you are not staying overnight.
Daily Student Meal Cost	Enter the cost of meals for one student, for one day. The total will be calculated for you based on the number of students and the total travel days from section III.
Daily Non-student Meal Cost	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 section III.
Section VI: Lodging	
Field	Description/Instructions
Vendor Name	Enter the name of the vendor that will be used for lodging.
Vendor ID	Enter the ID (A number) of the vendor that will be used for lodging. If the vendor is new, contact the Purchasing department to request a vendor ID.
How many rooms?	Enter the number of rooms that will be reserved.
How many nights?	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 in section III.
Cost per night	Enter the estimated cost per room, per night, including taxes. If the rate changes based on the day, enter an average amount or the highest rate.
Section VII: Miscellaneous Expenses	
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.
Gas <i>(rental/univ vehicle only)</i>	Enter any estimated gas expenses. Gas may only be claimed as an expense if the mode of transportation 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.
Required Signatures	Traveler and Department Head are required on all requests. Other signature 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.



3 Enter Travel Dates:

(RATES ARE AVAILABLE BETWEEN 10/01/2012 AND 09/30/2018)

Start Date 07/30/2018

End Date 08/03/2018

Back

Next

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

Per Diem	Meals & IE	Airfares	Hotels	POV Mileage
<b>Your search for Atlanta, Georgia</b>				
USING RATES FOR FULTON / DEKALB / COBB INCLUDING ATLANTA:				
<b>Daily Per Diem Rates:</b>				
	July Lodging: \$148			
	July M&IE: \$69			
	August Lodging: \$148			
	August M&IE: \$69			
Estimated Per Diem Total: \$902.50				
Breakdown				
Additional Terms & Conditions				
New Search		Print Results		

Use the "M&IE" rate to determine the per diem amounts for breakfast, lunch, dinner, and incidentals.

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.

Per Diem	Meals & IE	Airfares	Hotels	POV Mileage
<b>Meals &amp; Incidental Expenses</b>				
This table lists the six M&IE tiers in the lower 48 continental United States. Use the Per Diem rates tab above to look up a travel location and find its total M&IE. Locate that amount in the first "Total" column of the table below. The corresponding row provides specific meal breakdowns for the tier. The portion of the M&IE rate provided for incidental expenses is currently \$5 for all tiers.				
Total	Breakfast	Lunch	Dinner	IE
\$51	\$11	\$12	\$23	\$5
\$54	\$12	\$13	\$24	\$5
\$59	\$13	\$15	\$26	\$5
\$64	\$15	\$16	\$28	\$5
\$69	\$16	\$17	\$31	\$5
\$74	\$17	\$18	\$34	\$5
Refer to the <a href="#">breakdown of FY 2017 meals and incidental expenses (M&amp;IE)</a> for full details on current federal allowances in the continental United States.				

# 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 INFORMATION

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

## SECTION II: ENCUMBRANCE INFORMATION

Encumbrance No: | | | | | | | | FOAP 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** Total Travel Days: \_\_\_\_\_  
 Return Date (mm/dd/yyyy) \_\_\_\_\_ Return Time \_\_\_\_\_ **be entered.**  
 No. of student travelers: \_\_\_\_\_ + No. of non-student travelers: \_\_\_\_\_ = Total Travelers: \_\_\_\_\_  
 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 *(see page 2 for detailed instructions)*

If NOT traveling overnight, how long is your stay? \_\_\_\_\_  
 Enter the meal costs **per person.**  
 Daily Student Meal Cost: \_\_\_\_\_ x No. of student travelers x Total Travel Days = Total Meal Cost \_\_\_\_\_  
 Daily Non-student Meal Cost: \_\_\_\_\_ x No. of NON student travelers x Total Travel Days = Total Meal Cost \_\_\_\_\_

## SECTION VI: LODGING

Hotel Name: \_\_\_\_\_ Vendor ID: \_\_\_\_\_  
 How many rooms? \_\_\_\_\_ x 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 \_\_\_\_\_

## REQUIRED SIGNATURES

**TOTAL** \_\_\_\_\_

\_\_\_\_\_  
 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