Instructions: Travel Authorization Request Form - Individual Travel

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

Caption I. Travalan Information							
Section I: Traveler Information Field	Description /Instructions						
	Description/Instructions Enter the first and last name of the traveler.						
Name ID#							
	Enter the traveler's University assigned ID number. Must be 9 characters. (i.e. A00123450						
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 (# 50010015)						
Encumbrance No.	Enter the encumbrance number from Banner. Must be 8 characters. (i.e. E0012345)						
FOAP No.	Enter the fund, org, account, and program codes used on the encumbrance.						
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						
	Enter the city and state of your destination. If traveling outside the country, indicate the						
Where are you traveling?	country name as well.						
	Enter the purpose of your travel request. Include the name of the event, or, if an athletics						
Why are you traveling?	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.						
	This is a calculated field that will indicate how many days you are traveling. You cannot						
Total Travel Days	enter text in this field.						
- J	Check YES if you need Accounts Payable to prepay your registration fees. Check NO if						
Prepaid Registration?	this service is not required.						
·	If you checked YES to the last question, enter the vendor ID (A number) of the vendor. If						
Vendor ID	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	71 - 71 - 71 - 71 - 73 - 73 - 73 - 74 - 74 - 74 - 74 - 74						
Field	Description/Instructions						
	This section has pop-up boxes that will appear depending on your selection for your						
Section Note	mode of transportation.						
	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 mileage reimbursement rate will appear and the Total Transportation field will be						
How will you travel to your	calculated and you will not be able to enter text in that field. For Uber, Lyft, or Rideshare,						
destination?	enter the estimated cost in the Total Transportation field.						
What are the total miles,	If you selected Personal Vehicle as your mode of transportation, enter the total miles,						
roundtrip?	roundtrip.						
Mileage Reimb Rate	This is a read-only field that will only appear if Personal Vehicle is selected.						
wiieage Keimb Kate	If you selected airfare, train, rental vehicle, BTS bus, Uber, Lyft, Rideshare, or other, enter						
	the amount in this field. If personal vehicle is selected, the current state mileage						
Total Transportation	·						
τοιαι παπεροπατίοπ	reimbursement rate will appear and this field will be calculated for you.						

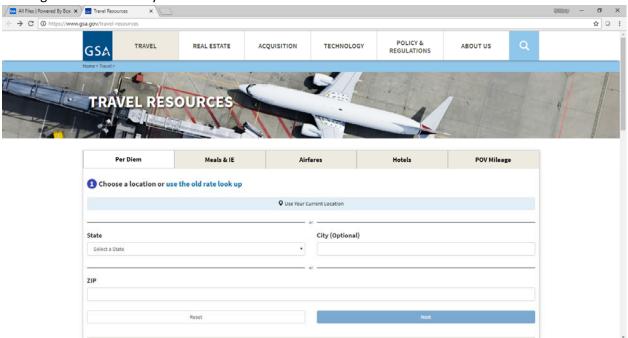
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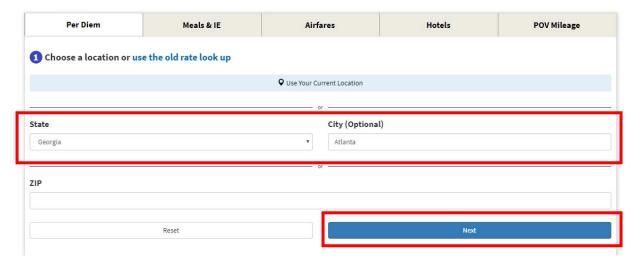
Section V: Meals								
Field	Description/Instructions							
	This section is separated for in-state travel, out-of-state/dues-paying member travel, or							
	both (recruiting only). Only the fields applicable to your travel destination selection will							
Section Note	appear.							
	Click inside the radio button that applies to your travel needs. You would only select							
Select your travel destination	Both if you are traveling both in and out of state for Admissions or Athletics recruiting.							
coloot your traver destination	IN-STATE TRAVEL							
	Choose your trip length from the dropdown box. You must hit the Tab key or click in							
Select length of trip	another field for the per diem rate to populate.							
selection gur or trip	This is a read-only field that will indicate the amount of per diem allowed based on your							
Daily Per Diem Rate	length of stay selection.							
Daily Fer Diem Rate	OUT-OF-STATE TRAVEL							
	Click the GSA Travel Site link to be taken to the GSA site. You will need to search for your							
	travel destination, print the Per Diem tab, and submit it with your request. See GSA Per							
Click this link	Diem Lookup Instructions on next page for assistance.							
CHER THIS III IK	In the out-of-state section, after retrieving the GSA rates, enter the amount for breakfast,							
	lunch, and dinner. The IE amount is already provided. In the fields below, the total per							
	diem for the first and last day of travel will be calculated. For the travel days in between,							
	the per diem is calculated and summed. Each Total Per Diem field on the right side of							
Enter Medic 9 IF amounts below	the page will indicate the total amount of per diem allowed for the dates indicated on							
Enter Meals & IE amounts below	the left.							
First Day Mistalla Day(s) Last Day	These field are read-only. They will populate the Departure Date and Return Date you							
First Day, Middle Day(s), Last Day	entered in Section III. The table to the right will calculate the per diem for the entire trip.							
	ADMISSIONS & ATHLETIC RECRUITING ONLY							
	This section is for use by Admissions and Athletics travelers who will be recruiting for the							
	University. This section accommodates the unique nature of travel for these offices in							
Section Note	regards to traveling to several locations in and out of state during one travel period.							
	Type the total amount of expenses related to in-state meals and incidentals. You must							
In-State Meals/Incidentals Total	submit the Meals & Incidentals Calculation Sheet(s) to the request.							
	Type the total amount of expenses related to out-of-state meals and incidentals. You							
Out-of-State Meals/Incidentals	must submit the Meals & Incidentals Calculation Sheet(s) to the request. Click the GSA							
Total	link and print the Per Diem tab. See GSA Per Diem Lookup Instructions for assistance.							
Section VI: Lodging								
Field	Description/Instructions							
Hotel 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 nights?	Enter the number of nights the traveler will be staying at the hotel.							
	Enter the estimated cost per room, per night, including taxes. If the rate changes based							
Cost per night	on the day, enter the average rate 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 box 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

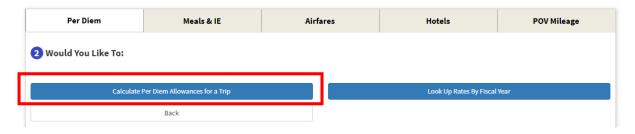
1. Clicking the link will take you here.

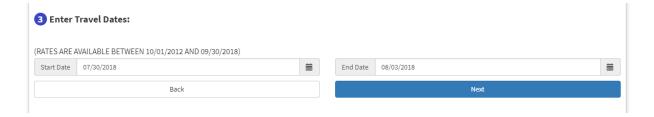


2. Select your destination state. Enter a destination city. Click Next.

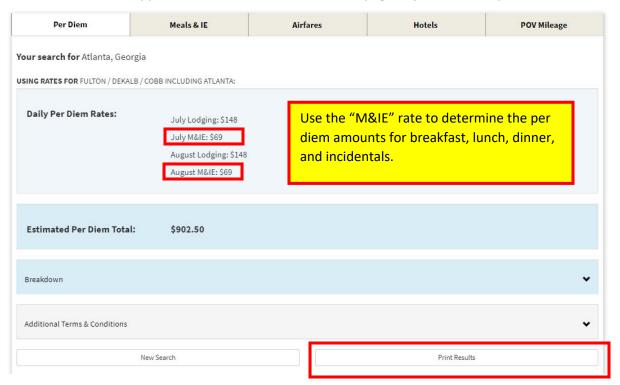


3. Click Calculate Per Diem Allowances for a Trip. Enter your travel dates. Click Next.

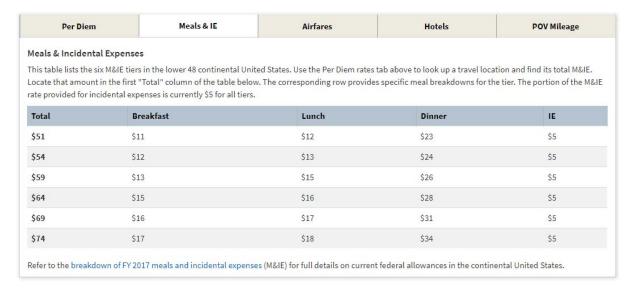




4. The Per Diem tab will appear. Click Print Results. Attach this page to your travel request.



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.





— 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 INFOR	MATION								
	ID# A								
Department: Email:									
SECTION II: ENCUMBRANCE	INFORMATION								
Encumbrance No:								=	
Contact Name for Questions	about this Encumbra	nce:							
Contact Email:	Contact Phone Extension:								
SECTION III: TRIP INFORMAT Where are you traveling (city, Why are you traveling?	state, country)?								
Departure Date (mm/dd/yyyy)		Departure Time			AM or PM must Total Travel Days:				
Return Date (mm/dd/yyyy) Does this trip require prepaid		Return Time be enterogistration? YES NO Vendor ID:				Registration Fee:			
SECTION IV: TRANSPORTATI					oo soct	ion III. F			
How will you travel to your de		•	тите аррт 		.6 36611	1011 111. 1 .	II. D. OI THE	naverrolley.)	
What are the total miles, roun	dtrip?					Total Tra	ansportatior	า:	
SECTION V: MEALS	Select travel destir	nation: In-s	state	Out-	-of-state	or Dues F	Paying Membe	er Both	
SECTION VI: LODGING									
Hotel Name:					Vendo				
	How many nights	?	<u> </u>	Cost p	er nigh	nt (includ	ding taxes) <u>:</u>		
Taxi/Shuttle/Subway: Other (enter description):	Parking:	Bagg	age Fees	:		(rental/u	Gas: univ vehicle only) Amount:		
EXPENSE SUMMARY									
Registration Fee Transportation Meals Lodging Miscellaneous	REQUIRED SIGNA	TURES							
TOTAL	Traveler's Signature		Date						
Check here if an advance	Approved by - Department Head Signature							Date	
is requested:									
(Restrictions apply. Amount requested may not be amount disbursed. See Travel Policy for	Approved by - Dean/Director Signature Date						Date		
details.)	Approved by - Other Signature							Date	