



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 INFORMATION

Name: _____ ID# **A** _____ Title: _____
Department: _____ Email: _____

SECTION II: ENCUMBRANCE INFORMATION

Encumbrance 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 be entered.** Total Travel Days: _____
Return Date (mm/dd/yyyy) _____ Return Time _____
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

Select travel destination: In-state

Out-of-state or Dues Paying Member

Both

SECTION VI: LODGING

Hotel Name: _____ Vendor ID: _____
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 _____