# TRAVEL AUTHORITY CHECKLIST

#### **AGENDA OR SCHEDULE**

☐ Always attach evidence of event and business justification.

If you have amounts in any of the following boxes which are also highlighted, the following is the required documentation:

#### **AIRFARE:**

■ Air Ticket Quote

From Summit or Four Seasons Travel Agents + \$100.00
For Market Flux)

#### **VEHICLE RENTAL:**

■ Rental Calculations

o Based On Contract Rates with Hertz/Enterprise)

#### MILEAGE:

Car Cost Comparison

■ Mileage Estimate

- o \$0.17/Mile over 50 Mile Radius
- o \$0.535/Mile under 50 Mile Radius

#### LODGING:

■ Lodging Confirmation

### **MEALS:**

Meal Estimate

 Based on GSA(Out of State) or GA State Per Diem Rate

#### **REGISTRATION:**

■ Registration Confirmation

## OTHER:

□ Documentation to Support "Other" Estimations:

o Gas for Rental, Taxi/Bus, Airport Parking, Baggage charges, etc...

## **CASH ADVANCE BOX:**

When a travel advance is deemed necessary for an employee who has received prior authority to travel on behalf of the University, advances are limited to estimated expenses for subsistence only. Advances are not provided for expenses (such as registration fees) that can be paid through a requisition, P-Card, or corporate card. Travel advances cannot be made for items that are prepaid or billed directly to the University.

SAVAN	NAH	SAVANNAH STA TRAVEL AUTHORI	TE UNIVER: TY REQUEST F		VEL AUTHORIZATION(S) REC T TO OUR 7-10 BUSINESS DA POLICY FOR PROCESSIN	
STATE UNIT	(To be complete			related by Einstel Affairs)		
THIS REQUEST FORWARD	MUST BE COMPLETED AND ALL APPRO ED TO FISCAL AFFAIRS. DOCUMENTATI	VALS OBTAINED <b>BEFORE</b> YOU ACTON TO SUPPORT TRAVEL SHOULD CONFERENCE AT A GL	TUALLY TRAVEL. TH	IS FORM SHOULD BE COMP	LETED, SUBMITTED FOR APPRO TY TO TRAVEL FORM (I.E. SCHEI	
Employees must	comply with U.S. laws when traveling		NAL TRAVEL	plete this form and obtain	Procidential annual to	
	admirational approvari	for re		rt issues, and thus, should	be submitted to the Office of L	
All applicable field:	s must be completely filled in and supporting	g documentation originals forwarded		travel authority request to be	processed. Incomplete request will	
Name	Test Travel			F1	1234567	
				Employee I	D# 1201001	
Residence 123 Main Street			Campus P.O. 12345			
					Cpt Test Dept	
	Savannah, GA 31404			Extension 358-0000		
	City, State, Zip			Extensi	ion_ccc cccc	
Estimated Cost	AND DESCRIPTION OF THE PERSON	TRAVEL INF	ORMATION	Trip Type		
Airfare	123	Airline		Domestic	International	
Vehicle Rental		Pooled / Rental Vehicle	Destinat	Where ar	e you going?	
Mileage		Personal Vehicle*		\//b>		
Lodging		Other	Purpose	of Trip VVII ar	e you going?	
Meals				0440400		
Registration	insti	nly allowed w/ car comparison ification attached before signed	Date of I	Departure 2/16/20	1/	
Other	.123 .\$615.00	approvals obtained.		0/40/004		
Total Travel	\$615.00		Date o	2/19/201	/	
	Per Diem - In State Travel	\$28 pt/day (\$36 pt/day for High Cost Are CASH ADVAN	as), For Out-of-state Trav	vel Per Diem Rates for Meals - wo	www.gsa.gov	
	Employee Subsistence ATTENTIO	ON Please note: Employee and/or Stu-	dent &			
	Transportation	ned as well if the "Yes" box is checked.	(Select On	vance Requested?	Yes	
	Other Expense (specify)		Student I	Related?	Yes .	
	Total of Advance:					
		APPRO				
ALCOHOL: NAME OF STREET	Accounting Detail (i.e. fund, dept, pr	gnate ALL source of fund	ing that will be	used for this travel		
% or 8Amount	class, grant#)	Dept Mgr/PI Name		ept Mgr/PI Signature	Budget/Funding App	
615.00	10000-1000000-10000-100	Test Manage	r		110	
TEST TRAVELER						
Traveler's Signati	ure	_ ,	VPAA Signature	The state of the s		
eier a orginati		pervisor Name	For Faculty International Trave	el)		
Direct Supervisor	r Approval Signature	<del>-</del>	Title III Signature			
			lf applicable)			
Presidential Appr	oval Signature	_				
For International Travel)						
	Fie Atac	For Offic	ce Use			
Attach Supporting Docum	Fund Department	Program	Class	Grant/Project ≠	Account	
Attach Supporting Docum						
Amount						
	Pund Department	Program	Class	Grant/Project #	Account	