|  |  |
| --- | --- |
| *JMU*James Madison University | Travel Authorization |
| Traveler’s Name: |       | Contact Person:  |       | Phone Number: |       |
| Department: |       | Department MSC: |       | Date Prepared: |        |
| Destination(s) |        | Departure Date: |        | Return Date: |        |
| Reason for Travel:  |        |
| Check if Foreign National Visitor [ ]        |
| **If Foreign Destination, Indicate Benefit to the Commonwealth (Check One Box below)** |
| Economic Development: | [ ]  | Enhancing the reputation of the Commonwealth: | [ ]  | Other (please explain below): | [ ]  |
|       |
| Exception Requests |
| Lodging Rate Exception Justification: |        |
|       |
|       |
| Other (Explain): |        |
|  |
| **SECTION 1 : Amounts to be Prepaid** | **Pay To** | **Estimated Cost** |
| Air Transportation |       | $        |
| Conference/Registration Fee |       | $       |
| Subtotal: Section 1 |  |  $       |
| **SECTION 2** **Amounts to be Expended** | **Travel Card** | **Small Purchase****Charge Card****(Cannot Exceed $4,999.)** | **Other Funds** |  |
| Rental Vehicle | $        |  | $       |  |
| Air Transportation |       |  $       |       |  |
| Rail Transportation |       |       |  |  |
| Hotel - No. Nights |       | X Rate |       | = |        |  |       |  |
| Meals and Incidental Expenses |       |  |       |  |
| Personal Vehicle Miles |       |  X Rate |       | = |        |  |       |  |
| Other (tolls, Phone calls, etc.) |  |       |       |  |
| Subtotal: Section 2 | $        | + | $       | + |  $       | = | $       |
| **Total Estimated Cost Of Trip:** | $       |
| Department's Organization Number |        | **Approved** |
| **SIGNATURES:** | **Travelers Signature Indicates Agreement to prepare and submit a Travel Expense Reimbursement Voucher within THIRTY days of returning from travel.** |  |
|  |  |  |
| Traveler: |  | Date: |        |  |
| Organization /Expenditure Authority: |  | Date: |        |  |
| Final Approving Authority: |  | Date: |        |  |
|   International Travel  Authority: | VP/AVP; Dean/Asst/Assoc. Dean; Or Director who reports directly to a VP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Senior VP of Administration & Finance | Date: |       \_\_\_\_\_\_\_ | **Authorization No** |
|  |  |  |  |
|  |
| Forward Original form (BEFORE TRAVELING) with all required approvals to the Office of**Accounts Payable, MSC 5712. Retain a photocopy in Department Office. Revision 02/22/13** |