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| *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: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other (Explain): | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |
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| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |