

# Louisiana Delta Community College

Grant/Contract/Project Name (If Applicable)

## Travel Authorization Form

Date: \_\_\_\_\_

Rev 09/11/15

Employee's Name: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Funding (Fund/Org): \_\_\_\_\_

Return Date: \_\_\_\_\_

Return Time: \_\_\_\_\_

Out-of-State	In-State Out-of-District	In District
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Travel from (city): \_\_\_\_\_ to (city/state): \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

obtain approval for all out-of-state and all in-state-out-of-district travel or in-district if seeking reimbursement for mileage

### Estimated Expenses:

Airfare	
Lodging*	
Meals	
Vehicle Rental or Cab Fare	
Registration	
Other Allowable Expenses	

Employee must obtain approval for out-of-state travel at least one month prior to the planned trip. Employee is to maintain the original Travel Authorization form and attach it to the Travel Expense Reimbursement Voucher.

Explain: \_\_\_\_\_

### Total Estimated Expenses

\*Justify below if requesting lodging reimbursement up to 50% in excess of maximum allowed. Actual cost of conference lodging, for single occupancy standard room, is reimbursable when staying at the designated conference hotel.

I hereby certify that this travel will be performed in accordance with regulations set forth by the Louisiana Division of Administration and the policies of the Louisiana Delta Community College, and have informed myself of these policies and regulations.

\_\_\_\_\_  
Employee's Signature

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Supervisor

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Appropriate Cabinet Member

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
VC of Finance & Administration

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Chancellor

Date: \_\_\_\_\_