

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

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: _____