

Gaylord College of Journalism & Mass Communication

TRAVEL AUTHORIZATION REQUEST

Estimated Travel Expenses to be submitted before traveling

Traveler Name: _____ **Departure Date:** _____

Destination: _____ **Return Date:** _____

Purpose of Travel: _____

IMPORTANT: Attach conference flyer with dates & location of the event and designated hotels & rates

***Faculty/Staff contact Rachel Eikenbary & Graduate Students contact the Graduate Advisor for the university airfare rate.** The University will only reimburse public transportation expenses up to the university airfare rate. **If you purchase your own ticket, the College can not reimburse you until travel is completed.** If you change your ticket after purchase, you are responsible for paying the change fee.

University Airfare Rate: \$ _____ **Airfare Rate if purchased personally** \$ _____

Reimbursement is limited to the single room conference hotel rate. If you are not attending a conference, reimbursement will not exceed the federal lodging rate— see links below to determine applicable lodging rate.

Daily hotel rate \$ _____ **# of days** _____ **Total hotel cost** \$ _____

Reimbursement is limited to actual meal receipts/costs (not to exceed the eligible per diem rate) when paid from annual travel allowance or Foundation funds

Per diem links for meals & lodging: **Domestic:** <http://www.gsa.gov/> **Foreign:** <http://aoprals.state.gov/>
 Note: The destination city determines the per diem rate. If the city is not listed, the federal per diem rate of \$46 per day will apply.

Daily per diem rate \$ _____ **# of days** _____ **Total Per Diem** \$ _____

When a privately owned motor vehicle is used for out-of-state travel in lieu of coach class air travel, a comparison airfare rate must be obtained. Reimbursement shall be the lesser of the cost of the coach class airplane ticket vs. the map mileage cost.

Number of round trips to/from airport (50 mi/trip): 1 2 **Other Mileage** _____

Total Mileage _____ (x \$.560/mi) **Total Mileage Costs** \$ _____

Conference Registration Fees: \$ _____

Miscellaneous: \$ _____

Ground Transportation (to/from hotel/airport or for other business reasons) \$ _____

Note: Rental car requires justification _____

Total Cost: \$ _____ **Amount Requested** \$ _____

Traveler Signature: _____ **Date:** _____

For Office Use Only

Approved By: _____ **Date:** _____

Amount Approved: _____ **Travel Funds Available:** _____

Funding Source: _____