



Request for Official Travel

TA 114452

SUBMIT IN QUADRUPLET

If University support is not requested, complete Sections I and III only.

DATE SUBMITTED _____

I. REQUEST FOR TRAVEL

Travel is requested from _____ to _____
TIME DATE TIME DATE

Destination _____

Purpose of Trip _____

II. REQUEST FOR FUNDING

ESTIMATED MAXIMUM EXPENSES

Plane (Utilization of state contracted agency required)

Personal car (32¢ per mile x _____ miles)

I hereby certify that I have completed the University required Drivers Safety Course on _____.

I also certify that I have and will maintain at least the State of LA required minimum liability coverage of 10/20/10 with _____

COMPANY

POLICY NO.

EXP. DATE

State Vehicle (12¢ per mile x _____ miles)

Attach justification if trip is more than 250 miles one way.

I hereby certify that I have completed the University required Drivers Safety Course on _____.

Rental Vehicle

Justification must be attached.

Transportation \$ _____

Lodging \$ _____

Meals \$ _____

Registration \$ _____

Other \$ _____

TOTAL \$ _____

Funding Requested \$ _____

Advance Requested* \$ _____

*As allowed by State Travel Regulations

III. REQUIRED SIGNATURES FOR APPROVAL

I certify that the above travel will be on official business of the University of Louisiana at Lafayette, unless otherwise indicated in Section I, and that I will conform to all existing State Travel and University Travel regulations and requirements.

Signature of Traveler _____ Department _____

Typed/Printed Name of Traveler _____ Phone Extension _____

Driver's License No. _____ S. S. # _____ Title _____

IMPORTANT: Travel expense account must be submitted no later than the 15th of the month following completion of travel.

APPROVAL

PHONE EXTENSION

DEPARTMENT CHARGED

FUNDS LIMITED TO:

Department Chairperson _____ \$ _____

Project Director _____ \$ _____

Dean of College _____ \$ _____

Administrative Head _____ \$ _____

Vice President (if required) _____ \$ _____

Comptroller _____ \$ _____

Vice President for Business and Finance _____ \$ _____

FOR BUSINESS AFFAIRS USE ONLY

Travel Advance Voucher Number _____

Date Travel Advance Received _____

Amount Received _____

BUSINESS AFFAIRS

ACCOUNT	C & O	AMOUNT

07/02