

Authorization #: TL \_\_\_\_\_

PLEASE CHECK HERE AND INCLUDE APPROVAL NUMBER IF AMENDING PREVIOUSLY SUBMITTED TRAVEL REQUEST

AMENDED AUTHORIZATION #: TL

Traveler Information	Method of Travel	Date(s) of Travel
Name:	Air <input type="checkbox"/>	Depart:
Title:	Train <input type="checkbox"/>	Return:
Department:	Bus <input type="checkbox"/>	Department Charge Code
Banner Organization Code:	Private Vehicle <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>04</b> <input type="text"/> <input type="text"/>
Location:	University Car <input type="checkbox"/>	MSU ID#
Phone:	Other (Specify) <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fax:	Check : <input type="checkbox"/>	Destination:
Email:	Out-of-Country Travel <input type="checkbox"/>	

If approval is for requestor and student(s), attach a list of student name(s) and ticket amount(s).

Purpose of Trip:			
	Total Estimated Cost	Paid by Purchase Card or Purchase Order	Total to be Encumbered
Fare	\$	\$	\$
Lodging			
Meals			
Portage			
Registration Fee(s)			
Other Transportation			
Car Rental			
Other (Specify)			
<b>Total:</b>	\$	\$	\$

This request must be submitted to the Supervisor for processing at least 30 days prior to the date of the proposed travel.

Signature of Approvers

Supervisor	Date	President or Designee (Out-of-Country Travel ONLY)	Date
Dean/Director (if applicable)	Date	Grants, Business Services (if applicable)	Date
Vice President	Date	Comptroller	Date

Advisor	ID#	Advance Check #	Amount: