

Centenary College of Louisiana Faculty Travel Authorization Form

Note: Completed and signed Travel Authorization Form is required before travel is taken. Reimbursement is subject to approval by the Provost of the College and must be obtained before travel occurs for any reimbursement to be made. Please attach additional information if necessary. This form is to be attached to any request for reimbursement of expenses.

TRAVEL INFORMATION

Name _____

Destination _____

Purpose of travel _____

Dates of travel _____

ESTIMATED BUDGET FOR TRAVEL

Airfare _____

Lodging _____

Registration _____

Mileage _____

Mileage rates as per College policy (See HR Website)

Meals _____

Local Transportation/Parking _____

Other (describe) _____

Total _____

Total Requested (if different from Estimate) _____

Chair signature (if applicable) on this form signifies only that travel plans have been relayed and approved. Provost Office signature is required to authorize reimbursement.

Requestor _____ Date _____

Chair (if applicable) _____ Date _____

Provost (or designee) _____ Date _____ Reimbursement Maximum Approved _____