

**SAINT AUGUSTINE'S COLLEGE**  
Request for Authorization to Travel

**TA** \_\_\_\_\_

Department or Institution		Division	Date Submitted																
Name of Traveler(s) 1. _____ 2. _____		Name of Traveler(s) _____ _____																	
Travel To	Beginning Date	Ending Date	Total Days																
Purpose - (This section must be completed)																			
Budget Codes		Certification Availability of College Owned Vehicle																	
1. _____ 5025	\$ _____	BY _____																	
TOTAL	\$ _____	Travel Officer - Business Officer																	
		<input type="checkbox"/> Available <input type="checkbox"/> Not Available																	
AMOUNTS REQUESTED		SIGNATURE REQUIRED																	
		Travelers(s)																	
		Travelers(s)																	
		Supervisor																	
		**Federal Fund Coordinator																	
		Department Head																	
		Business & Finance																	
		<input type="checkbox"/> Approve <input type="checkbox"/> Not Approved																	
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">TYPE</th> <th style="width:20%;">AMOUNTS</th> </tr> </thead> <tbody> <tr> <td>1. Meals _____ Days @ _____</td> <td>\$ _____</td> </tr> <tr> <td>2. Lodging _____ Days @ _____</td> <td>\$ _____</td> </tr> <tr> <td>3. Travel _____</td> <td>\$ _____</td> </tr> <tr> <td>4. Taxi-Limousine _____</td> <td>\$ _____</td> </tr> <tr> <td>5. Registration Fees _____</td> <td>\$ _____</td> </tr> <tr> <td>6. Other _____</td> <td>\$ _____</td> </tr> <tr> <td><b>TOTAL REQUESTED</b></td> <td><b>\$ _____</b></td> </tr> </tbody> </table>		TYPE	AMOUNTS	1. Meals _____ Days @ _____	\$ _____	2. Lodging _____ Days @ _____	\$ _____	3. Travel _____	\$ _____	4. Taxi-Limousine _____	\$ _____	5. Registration Fees _____	\$ _____	6. Other _____	\$ _____	<b>TOTAL REQUESTED</b>	<b>\$ _____</b>		
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**EMPLOYEE TRAVEL ADVANCE AGREEMENT**

I understand that my travel by the College is a loan and that I am personally responsible for all monies so advanced to me. If a travel advance is obtained and the trip for which the advance was made is not taken, I agree to repay the advance immediately. I understand that I have up to ten days following completion of the trip to repay an advance. (This delay should be sufficient for getting reimbursed for actual expenses incurred after submitting a Form 403S. Request for reimbursement for travel and other expenses). In the event I fail to repay the amount of the advance, then I agree that the College may notify the Payroll Office to deduct the amount of this advance from the next salary check due to me. I hereby subscribe by my own hand and acknowledgment that I have read the above carefully and agree to its terms and conditions.

_____ Signed	AMOUNT REQUESTED \$ _____ \$ _____	AMOUNT APPROVED \$ _____ \$ _____ <b>TOTAL</b> \$ _____
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- (1) Mode of Travel  
 P- Private Owned Car  
 A- Air  
 O- Other  
 R- Rental Car

- (2) Type of Subsistence  
 Breakfast (\$ 6.00)  
 Lunch (\$ 8.00)  
 Dinner (\$ 16.00)

*Please call the Business Office for additional information on subsistence. Exceptions may be allowed for certain Grants.*

* Estimate Milage at .30 per mile if personal vehicle is used. ** Only to be signed for special program codes use.	SUBMIT FOUR COPIES TO PURCHASING OFFICE
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