



Date:	
TRA #	

## TRAVEL AUTHORIZATION

(For Blanket Travel Only)

Please type or print the following information:

Traveler's Name	
Traveler's ID#	
Traveler's Address 1:	
Traveler's Address 2:	
Travel to:	
Travel Dates:	
Purpose of trip:	
Expenses to be charged to Department/Project:	
Classes/duties in my absence will be handled by:	

*Account Number to Charge (use Speedtype or Account Distribution below):*

Fund	Department	Program	Subclass	Budget Period	Project	Speedtype

*Estimated Expenses:*

Line	ACCOUNT	Description	Amount
1	64010	Employee Travel	
2	64010	Airfare for Employee Travel	
3	64010	Ground Transportation	
4	64010	Personal Automobile Mileage	
5	64010	Lodging for Employee Travel	
6	64010	Meals with Employee Travel	
7	64010	Tips, not for meals	
8	64010	Other Employee Travel Expenses	
9	64010	Travel Agency Payment	
		<b>Total</b>	

*Comments:*


*Approvals:*

Requestor:		Date:	
Telephone #			
Department Head:		Date:	
Other Approving Authority:		Date:	

This authorization does not imply automatic approval of individual items of expense, but serves the purpose of approving the trip and determining the sufficiency of funds within the Department's budget. Actual expenses will be reimbursed in accordance with GSU travel regulations.

*If you have any questions, please call Purchasing at 1-2330*