STUDENT TRAVEL AUTHORIZATION FORM

GENERAL INFORMATION	
Student Name:	:TA#
	: Email:
Purpose of Trip:	: (Attach conference agenda)
	(
ITINERARY (please subm	
Departure Date:	: Departure Time:
	Return Time:
Destination:	:
ESTIMATED EXPENSES	
Registration	
Airfare	
Mileage @.545	# of miles: at \$0.545 Google Maps
Meals (will automatically be	# of miles: at \$0.545 Google Maps Coordination of travel must occur when two, three, or four employees travel on the same dates with the same official
calculated based on depart/return times)	State business. When coordination of travel is required, only one employee may be reimbursed for mileage. See Mileage Reimbursment on the Travel Office's website.
Hotel	# of nights: Rate: Federal Rate Table
Hotel Tax	
Baggage Fees	
Taxi/Shuttle/Tolls	
Public Transportation	
Airport Parking	
Hotel Parking	
Total for ENTIRE trip	\$
IN-STATE (with overni	ght stay only):
	e is \$51 per day, or the following amounts for partial days:
Breakfast* \$8.67	
Lunch* \$16.83 Dinner* \$25.50	
23.30	
OUT-OF-STATE (with o	
from state to state. Refe	es and maximum lodging rates vary r to the Federal Rate Tables for out-
•	m rates and lodging limits. Meal
Breakfast* 17% Lunch* 33%	
Dinner* 50%	
Stuc	dent Signature
Cunnautin	ng Faculty Signature Department Chair/Director Signature
Supportin	ng Faculty Signature Department Chair/Director Signature