

Travel Authorization

REQUEST AND ENCUMBRANCE DOCUMENT

BEFORE COMPLETING THIS FORM, REFER TO TRAVEL REGULATIONS OF THE BOARD OF HIGHER EDUCATION

Date / /

Traveler's Name _____ Department Name _____ Account No. _____ Status (Faculty/Staff) _____

Name or Description of Conference _____ City _____ State _____ Meeting Dates FROM _____ TO _____

Reason for Attending Conference _____ UNIVERSITY ID NO.

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A ESTIMATED COSTS to be Reimbursed to Traveller

Transportation									
Lodging									
Meals (per diem)									
☛ Conference Fees									
☛ Other (explain below)									
TOTAL A									

B DIRECT RELATED COSTS NOT Reimbursed To Traveller

Transportation									
☛ Conference Fees									
☛ Other (explain below, left)									
CIRCLE ONE →	AIR FARE	VEHICLE							
Air Fare Req No.	_____								
Vehicle Voucher No.	_____								
Conference Fee Voucher No.	_____								
TOTAL B									

TRAVELLER'S SIGNATURES

I certify that, in accordance with Chapter 95.5, paragraph 10-101(6) of the Illinois revised Statutes, I have met the minimum auto insurance property damage per accident. I further certify that the dollar limits of the above-stated auto insurance are in accordance with those listed in Chapter 95.5, paragraph 7-203 of the Illinois.

Signature _____
Date _____

I do hereby certify that I was in possession of a valid driver's licence at the time of my travel while on Chicago State University business from the beginning date of travel through travel end date. In addition, I certify that my driver's licence was in no way revoked, suspended, cancelled or otherwise rendered invalid during my travel while on Chicago State University business.

Signature _____
Date _____

☛ Explanation of Other Expenses

☛ Must be less than \$50 to be reimbursed to Traveller.
☛ Explanation of other expenses.

TOTAL ESTIMATED COST (ADD TOTALS A & B)

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APPROVALS / SIGNATURES

FISCAL OFFICER • Signature and Date

DEAN OR DIRECTOR • Signature and Date

VICE PRESIDENT (Out-of-State) • Signature and Date

PRESIDENT (Out-of-State) • Signature and Date

DO NOT WRITE BELOW THIS LINE! • FOR CONTROLLER'S OFFICE USE ONLY. • DO NOT WRITE BELOW THIS LINE!

Account Number _____

Description _____

Document No.
T 57503

Date _____

Amount _____