



Travel Authorization Form

Today's Date: _____

In State

Name: _____

Out of State

Job Title: _____

In District

Funding: _____

(Fund/Org)

(Grant, if applicable)

PURPOSE OF TRIP

LOCATION

From (city,state): _____

To (city,state): _____

Departure Date: _____

Departure Time: _____

Return Date: _____

Return Time: _____

ESTIMATED EXPENSES

Airfare: _____

Lodging:* _____

Meals: _____

Car Rental: _____

Registration: _____

Other: _____

Explain: _____

TOTAL

*Justify below if requesting lodging up to 50% in excess of maximum allowed. Actual cost of conference lodging, for single occupancy standard room, is reimbursable when staying at designated conference hotel.

APPROVALS

I hereby certify that this travel will be performed in accordance with regulations set forth by the Louisiana Division of Administration and the policies of the Louisiana Delta Community College, and have informed myself of these policies and regulations.

Traveler Signature

Date

VCESS Signature

Date

Supervisor Signature

Date

CFO Signature

Date

Budget Head Signature

Date

Chancellor Signature

Date