



Northwest Louisiana Technical College

Request for Travel Authorization

TRAVELER'S NAME		Phone #		DATE OF REQUEST		
AGENCY			Date	Time	From/To	
DEPARTMENT		Depart				
SOC SEC NUMBER		Return				
TITLE		Destination _(city,state)				
		Purpose of Travel				
REQUEST FOR BLANKET IN-STATE TRAVEL AUTHORIZATION		BLANKET IN-STATE TRAVEL AUTHORIZATION ON FILE				
_____ TO _____			YES		NO	
PERIOD COVERED						
Estimated Expenditures						
AIR FARE						
CHECK ONE:						
STATE CAR <input type="checkbox"/>						
RENTAL CAR <input type="checkbox"/> If personal Car, Indicate Estimated Mileage: \$0.00						
Justification for a rental car must be provided in the Special Approval Section.						
PERSONAL CAR <input type="checkbox"/> _____ Miles at 0.44 per Mile \$0.00 \$0.00						
LODGING: _____ Nights @ \$ _____ night \$0.00						
Justification for 25% overage on lodging must be provided in the Special Approval Section						
MEALS: _____ Days @ \$ _____ day \$0.00 \$0.00						
Justification for 25% overage on meals must be provided in the Special Approval Section						
TOLLS AND PARKING \$0.00						
REGISTRATION/OTHER						
Payable To: _____						
Date Due _____ \$0.00						
OTHER ALLOWABLE EXPENSES						
TOTAL ESTIMATED COST OF TRIP \$0.00						
SPECIAL APPROVAL SECTION:						
Travel Advance _____ Date Needed: _____ \$0.00						
SPECIAL APPROVAL SIGNATURE:						
Vehicle Rental Reimbursement. (Justify below.)						
SPECIAL APPROVAL SIGNATURE:						
Lodging reimbursement up to 25% in excess of maximum otherwise allowed. (Justify below.)						
SPECIAL APPROVAL SIGNATURE:						
Meal reimbursement up to 25% of maximum otherwise allowed. (Justify below.)						
SPECIAL APPROVAL SIGNATURE:						

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 Technical College, and have informed myself of these policies and regulations.

EMPLOYEE'S SIGNATURE: _____ APPROVED: _____
 _____ DATE _____ DEAN/DIRECTOR DATE _____

APPROVED: _____ **APPROVED: _____
 REGIONAL FINANCE OFFICER DATE INTERIM DIRECTOR DATE

**Needed for Out-of-State Travel or Blanket Authorization