

TRAVEL AUTHORIZATION / ADVANCE REQUEST FORM

SECTION 1: Travel Information

Employee Name: _____ Employee Number: _____

Contract Name: _____ Charge Number: _____

Destination: _____ Departure Date: _____ Return Date: _____

Purpose of Trip:

SECTION 2: Itemized Estimated Per Diem Costs

Transportation: _____ Cost: _____

Transportation: _____ Cost: _____

Lodging Per Diem Rate: _____ Number of Nights: _____

Actual Lodging Rate: _____ Cost: _____

M&IE Per Diem Rate: _____ Number of Days: _____ Cost: _____

Conference/Meeting Fees: _____ Cost: _____

Misc. Expenses: _____ Cost: _____

Advance Requested at 80% of Total Cost Total Cost: _____

SIGNATURES

Employee Signature: Date: _____

Supervisor/PM Signature: Date: _____

APPROVALS (Direct Billed)

Customer Signature: Date: _____

APPROVALS (Indirect Cost & Advance Requests)

Division Mgr./Corporate Dir. Signature: Date: _____

President/COO/CFO Signature: Date: _____

Accounting Use Only

Date Received: _____ Accounting Signature:
 Date Paid: _____
 Amount Paid: _____ Date: _____