

# 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: \_\_\_\_\_

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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: \_\_\_\_\_