



Travel Pre-Authorization

(This form is required to be filled out & approved **PRIOR** to traveling)

Please Check:

 In-State Out-of-State
(Requires Level 2 Approval) Per Diem
(No Receipts Required) Actuals
(Receipts Required) Mileage **REQUESTING TRAVEL ADVANCE?** *(Limited to 3 per Fiscal Year. Travel Advance Form due 4 weeks prior to departure date)*

Requestor: _____

Official Title: _____

Banner ID#: _____ *(800*****)*

Dept Index: _____ *(500****)*

Purpose of Trip *(State title of Conference/Workshop-ie. Attending: ASBDC Annual Conference, RCCA Annual Conference, etc)*

Destination: _____ *(City and State)*

Departure Date & Time: _____ am/ pm Return Date & Time: _____ am/ pm

ESTIMATED COST OF TRIP

Registration: *(You are required to complete a Purchase Requisition if NMSU is to pay for fees)* \$ _____

 Will be paid by Requester-Reimbursement Required To be paid by NMSU

Per Diem: _____ days at \$ _____ p/day & _____ days at \$ _____ p/day *(For meals/lodging if not requesting actuals)* \$ _____

Lodging: _____ *(Attach Quote-Lodging must be paid by traveler)* \$ _____

Hotel Phone # _____ **Cell Phone #** _____

Using School Vehicle: *(Traveler please enter vehicle request in School Dude) Work Order#:* _____

Personal Vehicle Mileage: _____ miles at \$ _____ per mile. *(Estimated Mileage)* \$ _____

 Email approval has been received from VPAA/ Associate Director on: *(Please attach written approval)* Approved to be reimbursed mileage from/to: _____

Reason for NOT taking school vehicle *(Out-of-State Trip or):* _____

Airfare Name: _____ *(Attach quote)* \$ _____

 Requesting Reimbursement prior to Trip Process upon Return Using Pcard

(To be used ONLY for Airfare or Conference Registration Fees)

Other: *(Cab Fare, Baggage Checks, Airport Parking, etc)* \$ _____

Total Cost of Trip _____

Signature of Requestor _____

PLEASE ATTACH THE FOLLOWING *(Required)* :

 Agenda Airfare Quote Hotel Quote Personal Vehicle Approval

LEVEL 1 Approval *(Traveler must get all required approvals before submitting to Tanya)*

Supervisor/ Prog Mgr/ Dept. Head _____ Date _____

Grant Manager/ Budget Oversight _____ Date _____

LEVEL 2 (Approval **REQUIRED** for ALL Out-of-State Travel)

VPAA/ Associate Director _____ Date _____

Business Manager _____ Date _____

Once Form is completed and all approval signatures are received please return to Tanya Barela