Travel Pre-Authorization

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

Please Check:

☐ In-State   ☐ Out-of-State   ☐ Per Diem   ☐ Actuals   ☐ Mileage
     (Requires Level 2 Approval)   *(No Receipts Required)*   *(Receipts Required)*

☐ 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 booked & 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 Campus Executive and Academic Officer *(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 $ _____

_____   Date
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)

_____   Date   _____   Date
Supervisor/Prog Mgr/Dept. Head   Grant Manager/Budget Oversight

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

_____   Date   _____   Date
Campus Exec. & Academic Officer   Business Manager

___Once Form is completed and all approval signatures are received please return to **Tanya Barela**___