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 $ 0 $ 0 $ 0
(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)* $ 0

☐ 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 $ 0

____
Signature of Requestor Date

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)

______________________ ________ ______________________ ________
Campus Exec. & Academic Officer Date Business Manager Date

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