



Travel Pre-Authorization

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

Please Check:

In-State	Out-of-State <i>(Requires Level 2 Approval)</i>	Per Diem <i>(No Receipts Required)</i>	Actuals <i>(Receipts Required)</i>	Mileage
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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 *(For meals and/or lodging if you are not requesting actuals)* \$ _____

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

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 President 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
	<i>(To be used ONLY for Airfare or Conference Registration Fees)</i>	

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 <i>***Not needed when you will be flying</i>
LEVEL 1 Approval <i>(Traveler must get all required approvals before submitting to Juanita)</i>			

Supervisor/Prog Mgr/Dept. Head	Date	Grant Manager/Budget Oversight	Date
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LEVEL 2 (Approval REQUIRED for ALL Out-of-State Travel)

President	Date	Business Manager	Date
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*Once Form is completed and all approval signatures are received please return to **JUANITA JOSE***