

# LA SIERRA UNIVERSITY

## TRAVEL AUTHORIZATION APPLICATION

FACULTY, ADMINISTRATORS AND STAFF TRAVEL PLANS MUST BE **AUTHORIZED** BY THE REQUIRED SIGNATURES BELOW PRIOR TO MAKING ANY TRAVEL ARRANGEMENTS.

**\*\* INTERNATIONAL TRAVEL:** PLEASE READ THE **TRAVEL AUTHORIZATION APPLICATION GUIDELINE** AT [WWW.LASIERRA.EDU/RISK/FORMS.HTML](http://WWW.LASIERRA.EDU/RISK/FORMS.HTML) PRIOR TO COMPLETING THIS FORM.

**TRAVEL ADVANCE:** IF ADVANCE IS NEEDED, COMPLETE A **CHECK REQUEST** FORM AND ATTACH IT TO THIS APPLICATION.

APPLICANT	
NAME	
POSITION	
SCHOOL/DEPARTMENT/OFFICE	TELEPHONE #
EMAIL ADDRESS (Required)	

TRAVEL INFORMATION	
TRAVEL: (Check one) <input type="checkbox"/> DOMESTIC <input type="checkbox"/> INTERNATIONAL **	PURPOSE OR DESCRIPTION
PURPOSE: (Check all that apply) <input type="checkbox"/> CONVENTION <input type="checkbox"/> TRAVEL WARNING <input type="checkbox"/> CONFERENCE <input type="checkbox"/> AIU INSURANCE FORM <input type="checkbox"/> WORKSHOP <input type="checkbox"/> PROJECT <input type="checkbox"/> TEACHING ASSIGNMENT <input type="checkbox"/> OTHER (SPECIFY) _____ <b>** INTERNATIONAL TRAVEL MUST BE APPROVED BY EXECUTIVE COMMITTEE PRIOR TO MAKING ANY TRAVEL ARRANGEMENTS.</b>	LOCATION
	DEPARTURE DATE                      RETURN DATE
	METHODS OF TRANSPORTATION <input type="checkbox"/> AIR <input type="checkbox"/> CAR <input type="checkbox"/> TRAIN <input type="checkbox"/> OTHER (SPECIFY)
	FORMAL PARTICIPATION IN PROGRAM: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>IF YES, LIST SUBJECT OF PAPER, DUTIES AS OFFICER, ETC.</small>

FINANCIAL INFORMATION					
ESTIMATED EXPENSES	SOURCES			AMOUNT	ENCUMBRANCE <small>(Accounting Use Only)</small>
TRANSPORTATION _____	FUND _____	ORG. _____	ACCOUNT _____		
LODGING _____	FUND _____	ORG. _____	ACCOUNT _____		
MEALS/PER DIEM _____	FUND _____	ORG. _____	ACCOUNT _____		
REGISTRATION FEE _____	FUND _____	ORG. _____	ACCOUNT _____		
MISCELLANEOUS _____	FUND _____	ORG. _____	ACCOUNT _____		
TOTAL                      * _____				*	

\* Total in Estimated Expenses and Amount columns must be the same.

**Applicant:** By signing herewith I certify that the information listed on this Travel Authorization Application reflects an honest and accurate estimate of the actual costs involved solely for my own personal travel expenses. I also understand and authorize that if I do not file an Expense Report within 30 days of the scheduled return date of this trip, that any advanced amount may be deducted from my next payroll check.

\_\_\_\_\_  
 APPLICANT SIGNATURE    DATE

REQUIRED SIGNATURES FOR ALL TRAVEL	
SUPERVISOR (CHAIR/DEAN/DIRECTOR)	DATE
ADDITIONAL SIGNATURE (IF REQUIRED BY DEPT.)	DATE

** INTERNATIONAL AUTHORIZATION	
COMMITTEE ACTION: APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	
COMMITTEE CHAIR SIGNATURE	DATE

Original -- Accounting

Copy -- Applicant

All required International travel docs. received by Risk Management & ADA \_\_\_\_\_