

HGTC TRAVEL AUTHORIZATION FORM

In-State Out-of-State

Name: _____ Date: _____

Destination: _____

Justification or Event: _____

From Date: _____ To Date: _____

Trip Report or Brief to follow? YES NO

Department Charged: _____ Org #: _____

ESTIMATED EXPENSES		
		Source of Funds
Registration (receipt required):	_____	_____
Lodging (receipt required):	_____	_____
Meals (reimbursed at per diem rate):	_____	_____
Transportation (receipt required except personal mileage):	_____	_____
Total Estimated Expenses:	_____	_____
<p>Reimbursement is provided in accordance with rules and regulations governing travel by State employees. A copy of guidelines is available in the Finance Office.</p>		
SIGNATURES		
<p>In-state travel requires all but the President's signature. Out-of-State travel requires all signatures.</p>		
Requestor:	_____	
Dean/Supervisor:	_____	
Vice President:	_____	
President (out-of-state only):	_____	