



TRAVEL AUTHORIZATION/DIRECT BILL REQUEST FORM

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|--------------------|--|---------------|----------------|
| Name: | | Encumbrance # | Fund/Orgn: |
| Address: | | Title: | MU ID: |
| City/State/Zip: | | Department: | Contact Name: |
| Purpose of Travel: | | Headquarters | Contact Phone: |
| DATES OF TRAVEL | | DESTINATION | CITY: STATE: |

ESTIMATED EXPENSES
Please estimate all travel expenses below and choose a "PMT CODE" to indicate how payment will be made.

| DESCRIPTION | AMOUNT | PMT CODE | COMMENTS (Name of Cardholder if paying via p'card) |
|---|-------------|----------|--|
| AIRFARE | | | |
| PRIVATE AUTO MILEAGE (\$.505 PER MILE) | | | |
| RENTAL CAR | | | |
| STATE VEHICLE | | | |
| CONFERENCE FEE/REGISTRATION | | | |
| LODGING | | | |
| MEALS (GO TO www.gsa.gov for current meal rates) | \$ - | | |
| Number of Days: | | | |
| GSA Daily Rate: | | | |
| MISCELLANEOUS EXPENSES | | | |
| TOTAL ESTIMATED EXPENSES | \$ - | | |

| | | | |
|---|-----|--------|--|
| CASH/PER DIEM ADVANCE REQUESTED? | Y N | AMOUNT | |
| | | | University Accounting Office Approval Date |
| Cash Advance requests must be received in the Accounting Office (OM203) a minimum of 30 days prior to travel. | | | |

All travel on University Business must adhere to the BOG Travel Policy No. FA-2 and MU Travel Procedures effective January 1, 2007.

INSTRUCTIONS:

This entire form must be completed and submitted to Accounts Payable in the following instances:

- All Out of State and International Travel
- Expenses Direct Billed to the University or to the P'Card
- Cash Advance Requested from State Auditor's Office

An Encumbrance (E#) is only required for expenses not placed on the P'Card

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|---|------|---|------|
| Approval Signature Immediate Supervisor | Date | Approval Signature Dean/Director/Vice President | Date |
| Printed Name Immediate Supervisor | | Printed Name Dean/Director/Vice President | |