SOUTHERN UNIVERSITY AND A&M COLLEGE SYSTEM

Southern University Law Center TRAVEL AUTHORIZATION FORM

Instructions: Please complete all sections pertaining to your request using the fillable form. Submit complete form including support documentation and approval from your department head to the University's Travel Department. Retain a copy for your records.

NO REGISTRATIONS OR RESERVATIONS SHOULD BE MADE UNTIL ALL APPROVALS ARE OBTAINED

This form is to be submitted to the Travel Department at least 30 days prior to the proposed time of departure.

SECTION A: General Information – Con	mplete All Information (A	dd additional traveler	s in Section D if applic	cable)	
Name:	DZIL	Employee/Consulta			
Title:	Title: Travel Destination:				
Campus:		Division/Section:			
Begin Date: End Date:	/	Mode of Transportation:			
Name of Event/Purpose for Travel:	20 m	TEN			
	AV				
SECTION B: Type of Travel (Select all that apply)		SECTION C: Estimated Expenses Per Traveler			
	16	1			
 □ Conferences/Seminars/Meetings/Trainings/Symposium □ In-State Travel (Sales Tax Exempt Form Required) □ Out-of-State Travel □ Weekend Travel (Saturday and Sunday Travel) □ International Travel (President's Approval Required) □ Vehicle Rental (Automobile Rental Vehicle Form Required) □ Use of Personal Vehicle (map quest, google map, Required) □ 50% Approval Above GSA Lodging Rate (Prior approval required from Commissioner) □ Recruitment Fairs/Registration □ Other (Explanation Required)* 		Airfare Costs:	(O) \		
		Vehicle Rental:	1 00		
		Lodging:	11 00		
		Per Diem:			
		Other Costs (baggage/gas):			
		Parking/Tolls:			
		Personal Vehicle Mileage:			
		Registration Fees:			
		Ground Transportation:			
*REQUIRED DOCUMENTATION: An a	agenda itinerary	TOTAL:		-	
or flyer are REQUIRED travel documents and should be attached to this form.		6 W/ IN IN			
		Number of Travelers:			
SECTION D: Additional Travelers	MANUALI				
Traveler Name and Employee / ID Number		Traveler Job Title			
	8.8.5	70			
CE CEION E. A				P	
SECTION E: Agency Accounting	A CCCAPATE DD	CCDAN			
FUND ORG	ACCOUNT PRO	Availability of Funds Yes No		Funds	
	- U			runus	
			Date		
SECTION F: Approval Signatures					
Applicant	Date	Department Head /Fa	culty Advisor/Director	Date	
		<u> </u>			
Chancellor/President	Date	VC of Finance a	nd Administration	Date	

Alvin Washington, Chancellor