



Southeast Arkansas College

Travel Authorization Request Form

Date: _____

Name: _____ Position: _____

Department: _____

TRIP INFORMATION

Destination: City: _____ State: _____

Purpose of trip: _____

Dates of meeting/event: From: _____ To: _____

Dates of Travel: Leave: _____ Return: _____

Type of Travel: SEARK Vehicle Personal Vehicle Rental Vehicle Other: (Airline) _____

ESTIMATED EXPENSES

Airline, Lodging, and Car Rental must be paid to by a College Credit Card.

Registration must be paid to the vendor or by College Ghost Card.

Reimbursed to traveler via TR1 Form must be attached to the requisition when sent to Purchasing for Purchase Order Attach a list of all members charged on card

	Traveler's Estimated Out of Pocket Expense	Paid Directly to Vendor Via Purchase Order	Paid to Vendor By Ghost Card	Paid to Vendor by Individual Issued Travel Card
Airline	XXXXXX			
Registration Fees	XXXXXX			
Car Rental	XXXXXX			
Lodging	XXXXXX			
Meals (actual-not per diem)				
Mileage				
Misc./Other				
Total				

List Misc./Other Expense: _____

SPECIAL LODGING AUTHORIZATION (To exceed Federal Per Diem Rate)

Request lodging rate per night (before taxes): _____

Federal per diem rate allowed for lodging: _____

Explain why it is necessary to exceed per diem rate for lodging:

Conference Hotel Other reason for exceeding per diem rate. Explain below: _____

Special lodging authorization Over Per Diem Rate	
_____	_____
President	Date

Traveler Date

Immediate Supervisor Date

President Date

Vice President Date

