

**TRAVEL AUTHORIZATION / REIMBURSEMENT FOR TRAVEL**

**TR #**

**SECTION ONE: TRAVEL AUTHORIZATION**

1	Department Name Teacher Education/OCE	**Cost Estimate Detail: <i>Complete only if required</i>	**Transportation	**Subsistence	**Other	Total Cost Est. \$0.00
2	Traveler's Name	Title University Supervisor		Banner ID		
3	Traveler's Permanent Address	City	State	Zip		
4	ECU Address	Pd. Covered	Date	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM
		FROM:			TO:	
5	Type of Travel: In-state Destination and Purpose of Trip Intern supervision	Traveler's Signature				Date
		Supervisor's Signature				Date

**SECTION TWO: FOAPAL**

6	FUND (6)	ORGN (6)	ACCT (5)	PROG (4)	ACTV (OPT)	LOCN(OPT)	AMOUNT
	111101	540309	73211	0000			

7	<b>Special Travel Reimbursement:</b> Total Excess Lodging: \$0.00 Total Excess Meals: \$0.00 Airline Ticket (include/exclude) \$0.00 Other: \$0.00 If Other, specify <u>Mileage</u> *Other may include baggage, telephone, registration, parking, taxi, etc.	Amount \$0.00 \$0.00 \$0.00 \$0.00	<input checked="" type="radio"/> In-state <input type="radio"/> Out-of-state <input type="radio"/> Foreign	TOTAL EXPENSE: \$ -  LESS ADVANCE Check #  TOTAL REIMBURSEMENT \$ - Vice Chancellor's Signature (if applicable)
8	Under penalties of perjury I certify this is a true and accurate statement of the city of lodging, expenses, and allowances incurred in the service of the state. I certify that I have not received any reimbursement for this trip from an outside agency. If I have received outside reimbursement or if I receive outside reimbursement in the future, I understand that it must be deposited immediately with the appropriate Central Office.		I have examined this reimbursement request and certify that it is just and reasonable.	
9	Traveler's Signature	Department Director's Signature		

**SECTION THREE: DETAILED EXPENSE INFORMATION**

mm/dd/yy	Travel (Show each city visited)		Transportation			Subsistence			Other		
	Day	From	To	Mode	Priv Car Miles	Amount	Type	Amount	Daily Totals	Explanation	Amount
				Priv		\$ -	B	\$ -			
				Air	-----		L				
				Other	-----		D				
				Rental	-----		H	\$ -			
								*	\$ -		
				Priv		\$ -	B				
				Air	-----		L				
				Other	-----		D				
				Rental	-----		H				
								*	\$ -		
				Priv		\$ -	B				
				Air	-----		L				
				Other	-----		D				
				Rental	-----		H				
								*	\$ -		
<b>Totals from Pages 2 &amp; 3</b>						\$ -			\$ -		\$ -
						*Total	\$ -		*Total	\$ -	*Total

	Prepared By	Date	Phone Number

**TAX DISCLOSURE (OPTIONAL):** On the next line, list the description and total for items that were incurred on the trip, but are NOT to be reimbursed by travel.

Description:	**Total
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