

**TRAVEL AUTHORIZATION / REIMBURSEMENT FOR TRAVEL**

**Jan.**

**SECTION ONE: TRAVEL AUTHORIZATION**

1	Department Name <p align="center">Teacher Education/OCE</p>	**Cost Estimate Detail: <i>Complete only if required</i>	**Transportation <p align="center">\$21.20</p>	**Subsistence	**Other	Total Cost Est. <p align="center">\$21.20</p>			
2	Traveler's Name <p align="center">John Doe</p>	Title <p align="center">University Supervisor</p>		Banner ID <p align="center">B00999999</p>					
3	Traveler's Permanent Address <p align="center">East 5th Street</p>	City <p align="center">Greenville</p>	State <p align="center">NC</p>	Zip <p align="center">27858</p>					
4	ECU Address <p align="center">110 Speight</p>	Pd. Covered	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Pd. Covered	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
		FROM:	01/15/08			TO:	01/30/08		
5	Type of Travel: In-state Destination and Purpose of Trip Intern supervision	Traveler's Signature <p align="center"><b>Traveler's Original Signature goes here!!</b></p>				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			\$21.20

Sample

7	<b>Special Travel Reimbursement:</b> Total Excess Lodging: <input type="text" value="\$0.00"/> Total Excess Meals: <input type="text" value="\$0.00"/> Airline Ticket (include/exclude) <input type="text" value="\$0.00"/> Other: <input type="text" value="\$21.20"/> If Other, specify <input type="text" value="Mileage"/> *Other may include baggage, telephone, registration, parking, taxi, etc.	Amount <input checked="" type="radio"/> In-state <input type="radio"/> Out-of-state <input type="radio"/> Foreign	
		TOTAL EXPENSE: \$ 21.20	
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. <b>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 State Office.</b>	I have examined this reimbursement request and certify that it is just and reasonable.	LESS ADVANCE Check #  TOTAL REIMBURSEMENT \$ 21.20
9	Traveler's Signature <p align="center"><b>Traveler's Original Signature goes here!!</b></p>	Department Director's Signature	Vice Chancellor's Signature (if applicable)

**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	
15-Jan		ECU	JH Rose HS	Priv	4	\$ 1.60	B	\$ -				
		JH Rose HS	ECU	Air	-----		L					
				Other	-----		D					
				Rental	-----		H	\$ -				
										*Total	\$ -	
21-Jan		ECU	South Central	Priv	16	\$ 6.40	B					
		South Central	ECU	Air	-----		L					
				Other	-----		D					
				Rental	-----		H					
										*Total	\$ -	
30-Jan		ECU	Farmville Central	Priv	33	\$ 13.20	B					
		Farmville Central	ECU	Air	-----		L					
				Other	-----		D					
				Rental	-----		H					
										*Total	\$ -	
<b>Totals from Pages 2 &amp; 3</b>					*Total	\$ 21.20	*Total	\$ -	*Total	\$ -	*Total	\$ -

Prepared By <p align="center">John Doe</p>	Date <p align="center">1/31/2008</p>	Phone Number <p align="center">252-328-6051</p>
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**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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