LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER - Shreveport

Prior Approval Request for Travel

Travel Policy: http://doa.louisiana.gov/osp/travel/traveloffice.htm

–FOR TRAVEL OFFICE USE ONLY–

CBA: _____

Travel Adv.: _____

PO: _____

Name of Traveler: _____ LSUHSC Employee / Student: ☐ Yes ☐ No

SSN Of Traveler: _____

Department / School: _____ U.S. Citizen / Permanent Resident: ☐ Yes ☐ No

Destination No. 1: _____ Date of Request: _____

Destination No. 2: _____ Date of Travel: _____ to _____

Mode of Travel: ☐ Motor Pool ☐ Personal Car ☐ Airplane ☐ Other _____

Purpose: _____

ESTIMATED TRAVEL COSTS

(Include all expenses)

	Total Estimated Cost
Registration fee	$ _____
Airfare (CBA ☐)	$ _____
Car Rental / Mileage..	$ _____
Lodging.....	$ _____
Meals.....	$ _____
Miscellaneous.....	$ _____
TOTAL	$ _____

Account(s) to be charged

Fund	Dept.	Program	Class	Project	Amount

Traveler's Signature: _____ Date: _____

AUTO RENTAL REQUESTED: ☐ Yes - Estimated Cost $ _____ Number of Days _____

Automobile Type: ☐ Compact ☐ Intermediate ☐ Full Size

Justification: _____

Approved: _____ Date: _____
Chancellor or Department Head

(Only the cost of rental up to Intermediate model is reimbursable unless non-availability is documented or the vehicle will transport 3 or more persons.)

REQUEST FOR VARIABLE ALLOWANCES

☐ Allowance for actual cost of non-conference/meeting/training seminar lodging rates by no more than 50% **(documentation must be submitted to show attempts were made with hotels in the area to receive the best rate).**

☐ Allowance for actual cost of conference/meeting/training seminar lodging for single occupancy standard room (applies only to a designated conference/meeting/training seminar hotel, **documentation required**).

☐ To be eligible for per diem rates established by the U.S. Agency for International Development www.aoprals.state.gov in conjunction with requested international travel. Itemized receipts are required.

Justification: _____

Approved: _____ Date: _____
Chancellor or Department Head

APPROVED ACCORDING TO UNIVERSITY REGULATIONS

_____ _____ _____ _____
Business Manager or Administrative Officer | Date | Chancellor or Dean (For International or Department Head Travel) | Date

_____ _____
Department Head | Date