

TRAVEL APPROVAL AUTHORIZATION FORM

CHEYNEY UNIVERSITY OF PENNSYLVANIA

Submit at LEAST fifteen (15) days in advance of travel. This form is to be used for ALL requested travel.

Name of Traveler: _____ Date _____

Residence Address: _____
 City, State, Zip: _____

Campus Department: _____ Extension: _____

Purpose of Travel: _____

Date/Time of Departure: _____
 Date/Time of Return: _____ Destination: _____

* If traveling **more than 180 miles round-trip**, you need to rent a car with Enterprise or use a State vehicle.

Estimated Cost	SAP Cost Center {10 Digits} or WBS Element {12 Digits}	Amount
Plane		
Bus/Train		
State Car/Van		
Personal Car* _____ (miles)		
Lodging [^]		
Meals		
Conference Fees		
Other		

_____ Yes [^] My lodging rate is below the GSA rate (www.gsa.gov). If not, attach supporting documentation. Any lodging rate above the GSA rate, could result in the employee's responsibility.
 _____ No

Total Approved Cost: _____

Please read thoroughly before traveling to FULLY understand PASSHE's travel regulations:
http://www.passhe.edu/inside/policies/BOG_Policies/Policy%201986-07-A.pdf

Traveler Signature: _____ Date: _____
 Employee is responsible for the difference between authorized cash advance allowance and approved actual expenditure.

Supervisor: _____ Date: _____
 Grant Manager: _____ Date: _____
 Accounting: _____ Date: _____
 Finance and Admin: _____ Date: _____

(Restricted Funds Use requires approval of the Grant/Restricted Funds Manager)